APPLICATION OF FOR PLEASE READ  FOR PLEASE READ  FOR PLEASE READ  REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTMEI Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE tham State	FILED		
DOCUMENT #P9300009514  1. Corporation Name GULIANI FINE JEWELY INC.  W98-6392			98 MAR 30 AM 8: 08  SECRETARY OF STATE TALLAHASSEE. FLORIDA		
If above addresses are incorrect in any way, line the	ough incorrect information and enter				
New Arincipal Office Address, If Applicable     Suite, Apt. #, etc.  City & State	New Mailing Office Address, If     Suite, Apt. #, etc.  City & State	Applicable	4. Date Incorporated or Qualified To Do Business in Florida 1994  5. FEI Number 6S-0385744	Applied For Not Applicable	
Zip Country	Zip Countr	у		nal Fee required icate of Status	
Title(s)  PRESIDENT SPERFORM  SALB R. GUE  SALB R. GUE  CHALMAN TREASURER	3 (DO NOT US LIAN) 1083 DI LICIANY 1083 D	eet Address of Each licer and/or Director se Post Office Box N	Numbers) 4  City/State/Zip  WESTON F. 133  LN WESTON F. 233  -04/02/9801079-		
8. Name and Address of Current Registered Agent  Name  Name			9. Name and Address of New Registered Agent	,	
1083 DEERWOOD IN. WESTON FL 23326		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i). F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: SIGNATURE AND TYPED OR PRIN	Cardon, NTED NAME OF SIGNING OFFICER OR D	IRECTOR	8120/88 954-431- Date Daylime Prione	0580	