

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068332

1. Corporation Name

JEWELER'S GALLERY, INC.

Principal Place of Business

Mailing Address

SOUTHGATE PLAZA
3501 SOUTH TAMiami TRAIL
SARASOTA FL 34239

SOUTHGATE PLAZA
3501 SOUTH TAMiami TRAIL
SARASOTA FL 34239

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1993

5. FEI Number

65-0444036

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STREBECK, MARK	3221 ELMORE PLACE	SARASOTA FL 34239
D	STREBECK, SHERRY L	3221 ELMORE PLACE	SARASOTA FL 34239

400031837184
04/05/04--01056--012 **750.00

400031837184
04/22/04--01023--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILONAS, TASO M
1800 SECOND STREET
STE. 720
SARASOTA FL 34236

Name

MARK W. STREBECK

Street Address (P.O. Box Number is Not Acceptable)

3221 ELMORE PL

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34239

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. or 617.0505, F.S.

Signature of
Registered Agent

Mark W. Strebeck

REGISTERED AGENT MUST SIGN

Date 3-29-04

11. 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:

Mark W. Strebeck

MARK W. STREBECK

3/29/04

941-365-4449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)