PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 AUG 16 PM 4:30

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CR2E091 (11/10)

DOCUMENT # P13000078296

1. Corporation Name

Bright Star Jewelry, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13995 nw 7 ave	8409 long acre Dr.
Suite, Apt. #, etc.: C45	Suite, Apt. #, etc.:
City & State: Miami, FL	City & State: Miramar, FL
Zip: 33168 Country: USA	Zip: 33025 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0448895 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: mcneil wilson

Street Address (P.O. Box Number is Not Acceptable): 8409 long Acre Drive

Suite, Apt. #, Etc.:

City: Miramar State: FL Zip Code: 33025

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 6/26/2021

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	mcneil wilson	8409 long Acre Dr.	Miramar, fl 33025
VD	wesley wilson	8409 long Acre Dr.	Miramar, fl 33025

REINSTATEMENT 10
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10. E-mail Address: mcnielwilson8409@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 6/26/2021 954 292 3816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #