

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000084180

1. Corporation Name

KERRY GEMS INC.

Principal Place of Business

9924
9920 S HIGHWAY 441
LEESBURG FL 34788

Mailing Address

9924
9920 S HIGHWAY 441
LEESBURG FL 34788

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	
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	12/03/1993
5. FEI Number	Applied For 59-3216399 Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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
P	MURPHY, MICHAEL	9920 S HIGHWAY 441 9924	LEESBURG FL 34788

1000003065111-0
-12/09/99-01038-019
****150.00 ****150.00

ILS

8. Name and Address of Current Registered Agent

MURPHY, MICHAEL
9920 S HIGHWAY 441
LEESBURG FL 34788

9. Name and Address of New Registered Agent

Name	Michael Murphy
Street Address (P.O. Box Number is Not Acceptable)	420 N + Clayton St.
Suite, Apt. #, Etc.	
City	Mount Dora
State	FL
Zip Code	32757

CR2040 (8/99)

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

Date 10-19-99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-99

Date Daytime Phone #

Kerry Gems, Inc.

9924 Highway 441
Leesburg, Florida 34788
Phone (352) 787-3434

(2)

October 19, 1999

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

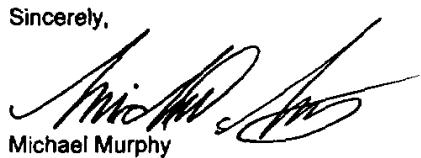
RE: Document # P93000084180
Reinstatement of Profit Corporation

To Whom It May Concern:

This is in reference to the Notice of Administrative Dissolution or Revocation sent to us. The Notice was sent to the wrong address, therefore, we did not receive this form until Monday, October 18, 1999. We would have paid by the deadline had there not been confusion about our address. We sincerely apologize for the lateness of this check.

We hope that the delay has not caused any inconvenience.

Sincerely,



Michael Murphy

MM: If