

REINSTATEMENT

DOCUMENT # P95000058803

1. Entity Name
HOPE'S FINE JEWELRY, INC.



FILED

04 NOV 19 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3582 ST JOHNS AVE
JACKSONVILLE, FL 32205

Mailing Address
3582 ST JOHNS AVE
JACKSONVILLE, FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11172004 REIN-P CR2E098 (6/04)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPE, GAYLE A
10100 WHIPPOORWILL LANE
JACKSONVILLE, FL 32256

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HOPE, GAYLE A
STREET ADDRESS 10100 WHIPPOORWILL LN
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400042897534
CITY-ST-ZIP 11/19/04--01031--018 **150.00

TITLE STD ☒ Delete
NAME MCGRIFF, ANDREA N
STREET ADDRESS 8655 HEATHER RUN DR
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HOPE, WILLIAM E
STREET ADDRESS 10100 WHIPPOORWILL LN
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 11/15/04 904-387.6339