

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P95000077371</b> 1. Entity Name <b>CREATIVE JEWELERS INTERNATIONAL, INC.</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">05 JUL 19 PM 12:57</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2415 N. MONROE STREET (TALLAHASSEE MALL) TALLAHASSEE, FL 32303				Mailing Address POST OFFICE BOX 37054 TALLAHASSEE, FL 32303			
2. Principal Place of Business		3. Mailing Address				<div style="font-weight: bold; font-size: 1.5em; margin-top: 10px;">REINSTATEMENT</div> <div style="font-size: 1.2em; margin-top: 5px;">07/19/2005 FEIN-P GRADED 05 (6/04) 04-03</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
Zip		Country		City & State		4. FEI Number	
32303		32303		Tallahassee FL 32303		59-3337429	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MACHADO, LIGIA V				Name			
4533 HIGHGROVE RD				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32309				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>				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	P MOHSIN, ALI <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4533 HIGHGROVE RD			NAME	500058530445		
STREET ADDRESS	TALLAHASSEE, FL 32309			STREET ADDRESS	08/12/05--01043--011 **300.00		
CITY-ST-ZIP				CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	T MACHADO, LIGIA VANESSA <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4533 HIGHGROVE RD			NAME			
STREET ADDRESS	TALLAHASSEE, FL 32309			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: <u>Ligia Machado</u>				T-1905			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			