

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 29 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087053**

1. Corporation Name

NELSON'S JEWELRY, INC

000004488390--8

-07/20/01--01102--023

***1058.75 ***1058.75

2. Principal Office Address

13334 Polo Club Rd

Suite, Apt. #, etc.

319

3. Mailing Office Address

SAME

City & State

Wellington

City & State

Zip

33414

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 13, 1995

5. FEI Number

65-0642990

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

NELSON HERNANDEZ

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

13334 Polo Club Rd

Suite, Apt. #, Etc.

319

City

Wellington

State

FL

Zip Code

33414

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

June 13, 2001

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
PRES	NELSON HERNANDEZ	13334 Polo Club Rd 319	Wellington, FLA 33414

REINSTATEMENT 99-01

FB

10. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

June 13, 2001

Daytime Phone #

561-6591971