PLEASE READ	ALL INSTRUCTION	BEFORE COMPLETING THIS	ORM.	
APPLICATION . FOR ' REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORP	NT OF STATE tham State 98 NOV 30 P		
DOCUMENT # P96000  1. Corporation Name 2157. Century Jewelt	SECRETARY OF TALLAHASSEE, 1	: STATE FLORIDA		
	16639			
Principal Place of Business  262 S.W. 1275 AV  Deek Field Deach F				
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 Mäiling Office Address, If Applicable		Applicable 4. Date incorporated or Qualified	2/04	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do Business in Florida	3/96	
City & State	City & State	65-0653148	Applied For Not Applicable	
Zip Country	Zip Coun	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/o				
Name of Officers   Street Address of Each				
PRCS. BARRY Silbersweig 10271 N.W. 175 CORAL SPRINGS, F1. 3307/				
ViPROS ADAM Silbersue	Coval SF	74 ugs F1-33071		
	000002			
-12/03/9801009001 ****900.00, *****900.00				
8. Name and Address of Current R	registered Agent	9. Name and Address of New Reg	istered Agent	
BARRY Silbersweig	Name O			
Street Address (P.C.		Street Address (P.O. Box Number is Not Acceptable)	O. Box Number is Not Acceptable)	
FORTLANDORDAL FI. 33309 City Suite, Apt. #, Etc.				
State   Elp Code				
10. 1, 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 Subspace:  Registered Agent Registered Agent Age				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No No (See other side for information on intangible tax.)				
12. 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 Date Daytime Phone #				