

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOC ID: 97000045463

1. Corporation Name

THE JEWELERS JEWELER AT BOCA RATON, INC.

Principal Place of Business

Mailing Address

369 E PALMETTO PARK RD
BOCA RATON FL 33432

369 E PALMETTO PARK RD
BOCA RATON FL 33432

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

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/19/1997

5. FEI Number

650755165

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	COHEN, BRUCE	369 E PALMETTO PARK RD	BOCA RATON FL 33432
DP	COHEN, MARIA	369 E PALMETTO PARK RDD	BOCA RATON FL 33432

800002720568--3
-12/23/98--01038--018
***150.00 ***150.00

12/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUBROW DUKER & ASSOCIATES, P.A.
2840 UNIVERSITY DR
CORAL SPRINGS FL 33065

Name *Bruce Cohen*
The Jeweler's Jeweler at Boca Raton Inc
Street Address (P.O. Box Number is Not Acceptable)
369 E Palmetto Park Road
Suite, Apt. #, Etc.

City *Boca Raton* State *FL* Zip Code *33432*

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

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-20-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ 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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-98 561-417-9115
Date Daytime Phone #