

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC -7 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000097998**

1. Corporation Name

THE JEWELRY EXCHANGE OF NAPLES, INC.

Principal Place of Business

Mailing Address

2204 DAVIS BLVD
NAPLES FL 34104

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NAPLES FL 34104



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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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/14/1997	
City & State		City & State		5. FEI Number	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	GREENLING, BRIAN K	5221 DIXIE DRIVE	NAPLES FL 34113
	GREENLING, BRIAN K.	1525 CURLEW AVE. #6	NAPLES FL 34104
			900002709348--2 -12/10/98--01091--002 ****750.00 ****750.00
			DR 12/10

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MURRAY, CHARLES A 1300 THIRD ST SO STE 302B NAPLES FL 34102		Name: BRIAN GREENLING Street Address (P.O. Box Number is Not Acceptable): 5221 DIXIE DRIVE 1625 CURLEW AVE Suite, Apt. #, Etc.: #6 City: NAPLES State: FL Zip Code: 34104	

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: 12/3/98

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 included 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 Date: 12/3/98 (941) 793-7296 Daytime Phone #