

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

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

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

11/14/1997

5. FEI Number

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
D	GREENLING, BRIAN K	5221 DIXIE DRIVE	NAPLES FL 34113
	GREENLING, BRIAN K.	1525 CURLEW AVE. #6	NAPLES FL 34104
			300002709348 - -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 1525 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 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/98 (941)
793-7296



REINSTATEMENT 98

APPROVED
AND
FILED

98 DEC -7 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED040 (9/96)