

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000102724			
1. Corporation Name JEWELRY WORLD, INC.			
2. Principal Office Address 36 NE 1 ST Suite, Apt. #, etc. STE 612 City & State MIAMI FL Zip 33132		3. Mailing Office Address 36 NE 1 ST Suite, Apt. #, etc. STE 612 City & State MIAMI FL Zip 33132	
4. Date Incorporated or Qualified To Do Business in Florida 12/4/97		5. FEI Number 65 0813727	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name DAVID DRACHMAN Street Address (P.O. Box Number is Not Acceptable) 36 NE 1 ST Suite, Apt. #, Etc. STE 612 City MIAMI State FL Zip Code 33132			
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 <u>David Drachman, President</u> Date <u>12/11/01</u> REGISTERED AGENT MUST SIGN			
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.	DAVID DRACHMAN	36 NE 1 ST, STE 612	MIAMI FL 33132
Sec.	ESTHER DRACHMAN	36 NE 1 ST, STE 612	MIAMI FL 33132
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: <u>David Drachman, President</u> 12/11/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2001 (9/96)