

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P980000011017

1. Corporation Name

A. G. Jewelry Corporation, Inc.

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

649 Brandon Town Center Mall

Same

Brandon, FL 33511

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

5-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3517440

Applied For

Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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
Pres	Alan Garrett	9446 Sunset Dr Tampa FL	

200003405092--0  
-09/26/00--01036--002  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Alan Garrett

Street Address (P.O. Box Number is Not Acceptable)

9446 Sunset Dr

Suite, Apt. #, Etc.

City

Tampa

State  
FLZip Code  
33610

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.Yes ☒ No ☐

? I Think

(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 #

7-17-00 8136559496

KE