

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 27 PM 2:27

DOCUMENT # P98000047322

1. Corporation Name

Jewelry Closeout, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

18861 Biscayne Blvd.

Suite, Apt. #, etc.

#19

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0847248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott Rzepko

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

18861 Biscayne Blvd.

Suite, Apt. #, Etc.

#19

City

Aventura

State
FL

Zip Code

33180

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

Date

9-21-04

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
P	Scott Rzepko	18861 Biscayne Blvd. #19	Aventura, FL 33180
VP	Joel Rzepko	Same	Same

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-21-04

Date

305-935-5455

Daytime Phone #

CR2E081 (01/04)

FREISTAT & LIEBMAN
Certified Public Accountants, LLC

18205 Biscayne Boulevard • Suite 2226 • Aventura, Florida, 33160 • Telephone (305) 931-9600 • Telecopier (305) 933-6800

Warren Freistat, C.P.A.
Mark A. Liebman, C.P.A.

Members:
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

September 21, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Jewelry Closeout, Inc.
P98000047322

Dear Sir or Madam:

Please find a reinstatement form and \$300 check (years 2003 and 2004) for the above referenced entity.

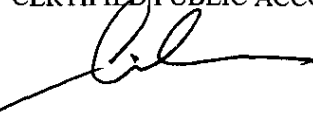
Please be advised that the Company never received its 2003 Annual Report Filing which eventually caused the entity to be dissolved.

We respectfully ask your department to waive the \$600 penalty and reinstate the Company based on this correspondence. The Company has included its correct mailing address, which should prevent a similar problem in the future.

Thank you in advance for your attention to this matter and should you require additional information, please contact the undersigned.

Sincerely,

FREISTAT & LIEBMAN
CERTIFIED PUBLIC ACCOUNTANTS, LLC



Mark A. Liebman
Certified Public Accountant

MAL:bf
Enclosures