PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 18 AM 11: 36
~~~~~~ OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000076979**

1. Corporation Name

PEARLS & BEADS BY VERA, INC.

Principal Place of Business	Mailing Address
350 SOUTH COUNTY RD PALM BEACH FL 33480	350 SOUTH COUNTY RD PALM BEACH FL 33480

REINSTATEMENT 02

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 **08/31/1998**	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **65-0866046**	Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status
Zip 33480	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BANJAC, VERA	350 S. COUNTRY RD.	PALM BCH FL 33480
		600009528326 12/16/12--01084--013 **750.00	

8. Name and Address of Current Registered Agent

BANJAC, VERICA
2505 S OCEAN BLVD
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State **FL**	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent ___SIGNATURE REQUIRED___   Date _12-12-02_
REGISTERED AGENT MUST SIGN

11. 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___ Verica Banjac   12-12-02   (561) 655-4255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (8/02)