

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 # P98000091062

1. Corporation Name

OUR JEWEL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 AM 2:21

Principal Place of Business

Mailing Address

4080 NW 58th Lane
Boca Raton, FL 33496

4080 NW 58th Lane
Boca Raton, FL 33496

REINSTATEMENT 00-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

751 Sanctuary Dr.

3. New Mailing Address, If Applicable

751 Sanctuary Dr.

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Boca Raton, FL

City & State
Boca Raton, FL

650871164

Not Applicable

Zip
33431

Country

Zip

33431

Country

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)

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	Leslie A. Arouh	751 Sanctuary Dr.	Boca Raton, FL 33431

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-03/06/02--01033--021
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert M. Kramer
4000 Hollywood Blvd., Suite 485 So.
Hollywood, FL 33021

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.

Signature of
Registered Agent

Robert M. Kramer
REGISTERED AGENT MUST SIGN

Date

2/21/2002

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Leslie A. Arouh
President

Date

Daytime Phone #

(561) 392-5155

CR2000 (12/95)