

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 1:11

DOCUMENT # P99000048695

1. Corporation Name

QUEENS' WREATH JEWELS, INC.

Principal Place of Business

Mailing Address

524 COLUMBIA COURT
SARASOTA FL 34236

524 COLUMBIA COURT
SARASOTA FL 34236



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

2. New Principal Office Address, If Applicable

1924 S. OSPREY AVE

3. New Mailing Office Address, If Applicable

1924 S. OSPREY AVE.

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

SARASOTA, FL

City & State

SARASOTA, FL.

Zip

34239

Country

Zip

34239

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1999

5. FEI Number

65-0950848

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	LITTLE, TINA T	524 COLUMBIA COURT	SARASOTA FL 34236
			600003515126--9 -12/28/00--01008--020 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

LITTLE, TINA T
524 COLUMBIA COURT
SARASOTA FL 34236

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-15-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941
12-15-00 366-9898