


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 23 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053131		
1. Entity Name KENNETH CHARLES JEWELERS, INC.		

Principal Place of Business 2500 HWY 44 WEST INVERNESS, FL 34453-3723	Mailing Address 2500 HWY 44 WEST INVERNESS, FL 34453-3723
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2. Principal Place of Business 89 W Gulf to Lake Hwy Suite, Apt. #, etc.	3. Mailing Address 89 W Gulf to Lake Hwy Suite, Apt. #, etc.
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City & State Lecanto FL	City & State Lecanto FL
Zip 34461	Country



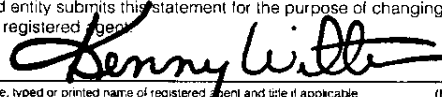
10182006 REIN-P CR2E098 (11/05)

4. FEI Number 59-3585312	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, KENNETH C 2500 HWY 44 WEST INVERNESS, FL 34453-3723	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 89 W Gulf to Lake Hwy City Lecanto FL Zip Code 34461
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

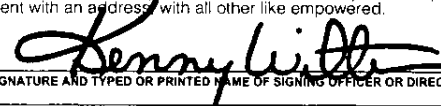
SIGNATURE:  Kenny Williams 10-18-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WILLIAMS, KENNETH C 2162 EAST HAMPSHIRE STREET INVERNESS, FL 34453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700081121647 10/23/06 --01052--015 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WILLIAMS, PAULA G. 2162 EAST HAMPSHIRE STREET INVERNESS, FL 34453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  Kenny Williams 10-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/27/06