

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 8:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S38069

1. Corporation Name

THE JEWELRY CLINIC, INC.

Principal Place of Business

18861 BISCAYNE BLVD.
N MIAMI BCH FL 33180
US

Mailing Address

2435 NE 195TH ST.
N MIAMI BCH FL 33180
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



4. Date Incorporated or Qualified To Do Business in Florida

03/12/1991

5. FEI Number

65-0250728

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TABOADA, HUMBERTO	2435 NE 195 ST	N MIAMI BCH FL

000024949200
12/18/03--01043--012 **150.00

000024949200
11/24/03--01013--022 **600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUMBERTO, TABOADA
2435 NE 195 ST
N. MIAMI BEACH FL 33180

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/17/03

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:

[Handwritten Signature] HUMBERTO TABOADA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/03

Date

Daytime Phone #

CR2E040 (7/03)