

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **S81030**

1. Corporation Name

**GLOBAL JEWELRY MANUFACTURING CORP.**

**FILED**  
1995 MAY -2 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

36 NE FIRST ST  
SUITE 900  
MIAMI FL 33132

Principal Place of Business

36 NE FIRST ST  
SUITE 900  
MIAMI FL 33132

700001481717  
-05/09/95--01142--001  
\*\*\*\*375.00 \*\*\*\*375.00

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

117 N.E. 1st Ave

3. New Principal Office Address, If Applicable

117 N.E. 1st Ave.

4. Date Incorporated or Qualified To Do Business in Florida

09/16/1991

Suite, Apt. #, etc.

# 1407

Suite, Apt. #, etc.

# 1407

5. FEI Number

65-0284970

Applied For

Not Applicable

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33132

Country USA

Zip

33132

Country USA

CERTIFICATE OF STATUS DESIRED

SR 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GORADESKY, LLOYD	20145-3 N.E. 3RD CT.	MIAMI FL

94-95  
5/8/95a

700001481717  
-05/09/95--01142--002  
\*\*\*\*200.00 \*\*\*\*200.00

8. Name and Address of Current Registered Agent

GORADESKY, LLOYD  
36 NE FIRST ST  
SUITE 900 1407  
MIAMI FL 33132

9. Name and Address of New Registered Agent

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

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

X *[Signature]*  
REGISTERED AGENT MUST SIGN

Date X 04/28/95

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information)

12. 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.)

13. 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:

X *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lloyd Goradesky

X 11/14/94  
Date

305-530-0185  
Daytime Phone #