

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 21 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V24804**

1. Corporation Name  
**THE JEWELRY MAKER, INC.**

Principal Place of Business  
**2110 SARNO RD.  
MELBOURNE FL 32935**

Mailing Address  
**2110 SARNO RD.  
MELBOURNE FL 32935**



300002014539--8  
-11/26/96--01107--011

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

4. Date incorporated or Qualified To Do Business in Florida **03/27/1992**

5. FEI Number **59-3120207**

6. CERTIFICATE OF STATUS DESIRED

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
DPS	CACCHIO, ANTHONY	298 STENDAL RD. NW	PALM BAY FL.
DS	CACCHIO, DENISE L	298 STENDAL RD. NW	PALM BAY FL.
DV	GRIMALI, MICHAEL R.	49 ISLAND DR, CONDO 4602	MIAMI BEACH FL.
DV	MOSINAK, EDWARD A SR	5161 MARTIN LANE	WEST MELBOURNE FL.

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

**CACCHIO, ANTHONY  
2110 SARNO RD.  
MELBOURNE FL 32935**

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 607.0605, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **11-18-96**

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 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]* **SECRETARY** Date **11-15-96** 407253-1423