

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V49212

1. Corporation Name

JB JEWELERS, INC.

Principal Place of Business

Mailing Address

8650 NAVARRC PKWY
UNIT #2
NAVARRC FL 32566
US

8650 NAVARRC PKWY
UNIT #2
NAVARRC FL 32566
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

8650 NAVARRC PKWY
Unit #2

8650 NAVARRC PKWY
Unit #2

City & State
NAVARRE FL

City & State
NAVARRE FL

Zip
32566

Country

Zip
32566

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1992

5. FEI Number

31-3595807

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	ADAMS, JAMES FELIX	2011 CANDLEWOOD DR	NAVARRE FL
D	BORCIK, ERIC WILLIAM	9904 ORION LAKE CIRCLE	NAVARRE FL

800025939398
01/02/04 01053 010 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BORCIK, WILLIAM E
8650 NAVARRC PKWY.
NAVARRE FL 32566

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

SIGNATURE OF REGISTERED AGENT MUST SIGN

Date Oct 15, 2003

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 #

Oct 15, 2003 950-939-3300

CR2E040 (7/03)