## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V49212  1. Entity Name JB JEWELERS, INC.			08 JAN -8 AM II: 03	
Principal Place of Business 8650 NAVARRE PKWY UNIT #2 NAVARRE, FL 32566 US	Mailing Address 8650 NAVARRE PKWY UNIT #2 NAVARRE, FL 32566 U	S	ALL AHASSEE, FLORIDA	
Principal Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		101 REINSTATEMENTS (1/07) 67	
City & State	City & State		4. FEI Number Applied For 31-3595807 Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Name			7. Name and Address of New Registered Agent	
BORCIK, WILLIAM E 8650 NAVARRE PKWY.			Street Address (P.O. Box Number is Not Acceptable)	
NAVARRE, FL-32566 -				
		City	FL Zip Code	
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 Signature, typed or printed name or segrena and app	ent and site if applicable (NOTE: Reg	gistered Agent signature req	uired when reinstating) DATE	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$90	0.00			
10. OFFICERS AF	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME ADAMS, JAMES FELIX STREET ADDRESS 2011 CANDLEWOOD DR CITY-ST-ZIP NAVARRE, FL	U Delete	NAME STREET ADDRESS CITY-ST ZIP	200114243462 01/08/0801005015 **750.00	
TITLE D NAME BORCIK, ERIC WILLIAM STREET ADDRESS CITY-ST-ZIP NAVARRE, FL	C] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addilio	
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12. I hereby certify that the information supplied with this filling 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 line empowered.				
SIGNATURE: 12-31-27 SB-339-37 Date Date Designature and Typed or Printed Name Of Signature Of Signature Phone 9				