

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Xaverine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 21 AM 9:10

DOCUMENT # M43533

1. Corporation Name

PEDRO DARUNA JEWELRY, INC.

2. Principal Office Address

7440 SW 48 St.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS PRINCIPLE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1986

5. FEI Number

59-2748625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PEDRO DARUNA

Street Address (P.O. Box Number is Not Acceptable)

7440 SW 48 Street

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33155

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X Pedro Daruna

REGISTERED AGENT MUST SIGN

Date

2/20/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	DARUNA, PEDRO	6430 SW 18th Terrace	Miami, FL 33155
SD	DARUNA, MIRNA	6430 SW 18th Terrace	Miami, FL 33155

10. 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

2/20/02

Date

305-442-4344

Daytime Phone #

CP2E081 (9/01)