

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 20 PM 2:50

SECRETARY OF STATE

REINSTATEMENT

05-06



01202006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000148249

1. Entity Name  
LIFE CUT DIAMOND, CORP



Principal Place of Business  
5313 COLLINS AVE  
212  
MIAMI BEACH, FL 33140 US

Mailing Address  
5313 COLLINS AVE  
212  
MIAMI BEACH, FL 33140 US

2. Principal Place of Business  
36 NE 1ST STREET

3. Mailing Address  
36 NE 1ST STREET

Suite, Apt. #, etc.  
STE 550

Suite, Apt. #, etc.  
STE 550

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33132 Country  
MIAMI-0006

Zip  
33132 Country  
MIAMI-0006

4. FEI Number  
20-1832594

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAY PEREZ & ASSOCIATES, PA  
13935 NW 1ST AVE  
MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name  
RAFAEL D SHIMUNOV  
Street Address (P.O. Box Number is Not Acceptable)  
36 NE 1ST STREET STE 550  
City  
MIAMI FL Zip Code  
33132

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIMUNOV, RAFAEL D 5313 COLLINS AVE # 212 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIMUNOV, RAFAEL D 36 NE 1ST STREET STE 550 MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300066256333 02/21/06--01018--025 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #