

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 09 MAR 24 PM 2:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P04000148249

1. Incorporation Name Life cut Diamond, Corp.

REINSTATEMENT 07-09 CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 36 NE 1ST STREET

3. Mailing Office Address 36 NE 1ST STREET

Suite, Apt. #, etc STE 550

Suite, Apt. #, etc STE 550

4. Date Incorporated or Qualified To Do Business in Florida 10/27/2004

City & State MIAMI, FL

City & State MIAMI, FL

5. FCI Number 201832594

Applied For Not Applicable

Zip 33132

Country USA

Zip 33132

Country USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RAFAEL SHIMUNOV

Street Address (P.O. Box Number is Not Acceptable) 36 NE 1ST STREET

Suite, Apt. #, Etc STE 550

City MIAMI

State FL Zip Code 33132

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

*Rafael Shimunov*  
REGISTERED AGENT MUST SIGN

Date: 03/18/2009

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RAFAEL SHIMUNOV	36 NE 1ST STREET	MIAMI, FL 33132

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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 contained in Chapter 119, 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:

*Rafael Shimunov*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2009

Date

Daytime Phone #

3/25/09