PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

REIN	D.E		ום ום	Secreta	-		Į.	130 PM 12: 18		
DOCUMENT # P93000045284 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Y. CIĻI	BERTI C	NAMONDS, INC.								
Principal Place of Business Mailing Address							1			
MIAMI FL 3 US	BLDG, SUITE 5 33132		36 NE 1ST ST SEYBOLD BLDG. SUITE 512-516 MIAMI FL 33132 US ough incorrect information and enter correction below.							
		Address, if Applicable	3. New Maili	Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/24/1993			
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.			5. FEI Number Applied For			
City & Stat	te	City & State				65-0418763 Not Applicable				
Zip	ip Country		Zip		Country		6. CERTIFICATE OF STATUS DESIRED To a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Fio	rida nonprofi						
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu			City / State / Zip			
VP	BERKOVIC, CHARLES			36 NE 1ST ST SUITE 512-516				MIAMI FL		
PDST	DST CILIBERTI, YVETTE			36 NE 1ST ST SU				MIAM! FL		
							00	0000027074301 -12/09/9801072017 *****150.00 *****150.00		
						 -	· ·			
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent			
CILIBERTI, YVETTE						Name "				
36 NE 1ST ST						Street Address (P.O. Box Number is Not Acceptable)				
CENDOLD DEDG. CONE DIE CO						Suite, Apt. #, Etc.	0.			
MIAMI FL 33130						City State Zip Code				
10. I, bein Signature (Registered	of /	e registered agent of the above	re named corporate IIR E			RED	oligations of Secti		198	
		ration owes or ha	s paid th	e curre	nt yea	ar Yes X	No 🗆	(See Dyer)	side for information andible 3.)	
this rein	nstatement app	fficer or director or the receival dication, the reason for dissolution have been paid and the n	ution has been	eliminated, t	he corpo	rate name satisfies	the requirements	pter 607 or 617, F.S. I furth of section 607.0401 or 617.	er certify that when filing .0401, F.S., that all fees	

SIGNATURE:



SHELDON, RIBOTSKY & LEVINE, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

FRED M. SHELDON, C.P.A. (1920-1993)
MARVIN H. RIBOTSKY, C.P.A.
NORMAN LEVINE, C.P.A.
ELLIOTT W. STARMAN, C.P.A.
LEONARD E. MILLER, C.P.A.

DAVID BECK, C.P.A. ELIZABETH BECK, C.P.A. ABRAHAM SCHWARTZ, C.P.A. NORMAN WEINFLASH, C.P.A. 11401 BISCAYNE BOULEVARD MIAMI, FLORIDA 33181-3410

(305) 895-0202 OUTSIDE DADE: (800) 330-5222 FAX: (305) 891-5667

November 20, 1998

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Gentlemen:

We are the accountants for Y. Ciliberti Diamonds, Inc., FIN: 65-0418763, and your Application for Reinstatement is enclosed with a check made payable to the Secretary of State for \$150.

We would appreciate your abating the Reinstatement Fee because the taxpayer does not recall ever receiving the original application. It must be pointed out that Y. Ciliberti Diamonds, Inc. has been in business since 1993 and has never been late with their annual fee. Prior to the formation of Y. Ciliberti Diamonds, Inc. she owned another company Yvette Ciliberti, Inc., FIN: 59-2140638, and they were never late in paying the annual tax for this corporation. The taxpayer believes that she never received the form because if she did, it would have been paid on a timely basis as she has in the past.

Very truly yours,

Norman Levine NL mg

Enclosures