

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 NOV -8 PM 1:34

DOCUMENT # **P96000064589**

1. Corporation Name
Gaffa & Sons Jewelry, Inc.

Principal Place of Business Mailing Address
118 NW 1st. Ave. 118 NW 1st. Ave.
Miami, Fl. 33132 Miami, Fl. 33132

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Same as Above

3. New Mailing Office Address, If Applicable
Same as Above

Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
8-2-96

5. FEI Number
05-0729381

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pd.	Eolya Yagudaev	118 NW 1st. Ave.	Miami, Fl 33132 200003047152--6 -11/17/99--01054--013 ****758.75 ****758.75

8. Name and Address of Current Registered Agent
Eolya Yagudaev
118 NW 1st. Ave.
Miami, Fl. 33132

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **Eolya Yagudaev** Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **Eolya Yagudaev**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eolya Yagudaev / 11/2/99 - 358-3766
 Date Daytime Phone #

CR2001 (12/98)