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FD-1000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Merriam
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 13 PM 2:20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT

K19789

1. Corporation Name

KOZI DIAMOND, INCORPORATED

Principal Place of Business

Mailing Address

1 NE 1st Street
Suite B-2
Miami, FL 33132

If above addresses are incorrect in any way, list through internet information and print complete below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

State: FL

State: FL

City: Miami

City: Miami

Zip

County

Zip

County

4. Fee Imposed or Quoted
To Go Business in Florida

3/31/88

5. PB Number

65-0110499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1. Title	2. Name of Officer and/or Director	3. Street Address of Each Officer and/or Director (Do NOT Use P.O. Box Numbers)	4. City / State / Zip
PVT	Jasid Kasieva	944 NE 27th Ave	Hallandale, FL 33009

8. Name and Address of Current Registered Agent

Brito & Brito Accounting
407 Lincoln Road
Suite 5-B
Miami Beach, FL 33139

9. Name and Address of New Registered Agent

Name Brito & Brito Accounting

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

407 Lincoln Road

State: FL

Suite 5-B

City Miami Beach, FL

State

Zip

33139

10. I, being appointed the registered agent of the above named corporation, on similar date and accept the obligations of SECTION 607.0300, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/11/99

11. This corporation owes or has paid 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 of the corporation or trustee authorized to execute this application as provided for in chapters 607 or 617, F.S. I further certify that upon filing this reinstatement application, the reason for dissolution has been eliminated, the corporation 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(2)(f), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE OF PERSON PRINTED NAME OF AGENT APPEAR ON REGISTRATION

5/12/99

Date

Daytime Phone:

Prepared By: Brito & Brito

407 Lincoln Road Ste 5-b

Miami Beach FL 33139 (305) 534 9292

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

KOZI DIAMOND, INCORPORATED

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,992.50