#### 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: GILBERT PEKAR

Electronic Signature of Signing Officer/Director Detail

04/29/2024 Date

# 2024 FLORIDA PROFIT CORPORATION REINSTATEMENT

#### **DOCUMENT# 495401**

Entity Name: GEM CUTTING CO., INC.

#### **Current Principal Place of Business:**

36 N.E. 1ST ST. 1018 MIAMI, FL 33132

#### **Current Mailing Address:**

1400 SALZEDO ST APT 504 CORAL GABLES, FL 33134 US

### FEI Number: 59-1670656

## Name and Address of Current Registered Agent:

PEKAR, LISA 1400 SALZEDO #504 CORAL GABLES, FL 33134 US

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.

SIGNATURE	E LISA BARED			04/29/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PT	Title	S	
Name	PEKAR, GILBERT T	Name	CASTILLA, ELSA	
Address	36 N.E. 1 STREET. #1018	Address	36 N.E. 1 ST. #1018	
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132	
Title	V	Title	V	
Name	PEKAR, LISA	Name	BENITEZ, MONICA	
Address	1400 SALZEDO #504	Address	1400 SALZEDO #504	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

Certificate of Status Desired: No