

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 259658

1. Corporation Name

LIDO JEWELRY INC.

02 MAY 31 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100005765931--9
-06/13/02--01071--013
****900.00 ****900.00

2. Principal Office Address

36 NE 1st STREET

Suite, Apt. #, etc.

150

City & State

Miami, FL

Zip

33132

Country

3. Mailing Office Address

36 NE 1st STREET

Suite, Apt. #, etc.

150

City & State

Miami, FL

Zip

33132

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI-Number

59-0974254

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Esther Quiruga

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

1985 NE 124th Ave

Suite, Apt. #, Etc.

City

M. B. FL

State
FL

Zip Code

33181

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Esther Quiruga
REGISTERED AGENT MUST SIGN

Date 5-28-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Esther Quiruga	1985 NE 124th Ave	MB FL 33181
S/D	Timothy Quiruga	1985 NE 124th Ave	MB FL 33181

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 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:

Esther Quiruga, president

Date

4-24-02

Daytime Phone #