PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED 182

07 FEB -8 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 457576

1. Corporation Name

MOSHE LUSTIG DIAMONDS, INC.

REINSTATEMENT
82-07

CR2E081 (1/07)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| c/o Morris Teichman & Co., P.C. | SAME |
| Suite, Apt. #, etc.: 2 West 45th Street, Suite 1102 | Suite, Apt. #, etc.: |
| City & State: New York, NY | City & State: |
| Zip: 10036 / Country: USA | Zip: / Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 08-26-1974

5. FEI Number: 59-1569253 ☐ 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: Allstate Corporate Services Corp.

Street Address (P.O. Box Number is Not Acceptable): 653 West 23rd Street, Suite 229

Suite, Apt. #, Etc.:

City: Panama City | State: FL | Zip Code: 32405

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 2-6-07

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| Pres | SIMCHA LUSTIG | 2 West 45th Street, Suite 1102 | New York, NY 10036 |
| Scty | NAOMI LUSTIG | 2 West 45th Street, Suite 1102 | New York, NY 10036 |
| | | | |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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: X _____ SIMCHA LUSTIG X 8/6/6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 pg

# Florida Department of State
Division of Corporations
Public Access System

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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000034934 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

## CORPORATION REINSTATEMENT

### MOSHE LUSTIG DIAMONDS, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | ~~$3,612.50~~ |

2,777.50