

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 485420

1. Corporation Name

JOSEPH W. TENHAGEN GEMSTONES, INC.

Principal Place of Business

36 N.E. 1ST ST. #419  
MIAMI FL 33132

Mailing Address

36 N.E. 1ST ST. #419  
MIAMI FL 33132



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/21/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1615887

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	4 City / State / Zip
PD	TENHAGEN, JOSEPH W	7324 S.W. 134TH COURT	MIAMI FL 33183

100008638441  
10/28/02--01133--017 \*\*150.00

8. Name and Address of Current Registered Agent

TENHAGEN, JOSEPH W  
36 N.E. 1ST ST #419  
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 **FL** Zip Code \_\_\_\_\_

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

*Signature*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-23-02

11. 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 305-374-2411  
Date Daytime Phone #

**JOSEPH W. TENHAGEN GEMSTONES, INC.**

**36 N.E. First Street, Suite 419**

**Miami, Florida 33132**

**Phone 305-374-2411 ♦ Fax 305-374-2413**

**E-Mail: [joeten@bellsouth.net](mailto:joeten@bellsouth.net)**



October 23, 2002

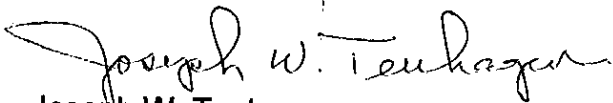
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Notice of Administrative Dissolution or Revocation

To Whom It May Concern:

Please be advised that I have not received the (USB) uniform business report. I apologize for any confusion this may have caused.

Sincerely

  
Joseph W. Tenhagen