

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 17 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 485420

1. Corporation Name
JOSEPH W. TENHAGEN GEMSTONES INC.

2. Principal Office Address
36 N.E 1st. street

Suite, Apt. #, etc.
419

City & State
Miami, Fl. 33132

Zip Country
33132 U.S.A.

3. Mailing Office Address
36 N.E 1st. street

Suite, Apt. #, etc.
419

City & State
Miami, Fl. 33132

Zip Country
33132 U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida** 1975

5. FEI Number 59-1615887 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
TENHAGEN, JOSEPH W

Street Address (P.O. Box Number is Not Acceptable)
36 N.E 1ST. STREET

Suite, Apt. #, Etc.
SUITE 419

City
MIAMI

State Zip Code
FL 33132

900040808199
09/03/04 01033 000 **550.00

JK

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 *Joseph W. Tenhagen*
REGISTERED AGENT MUST SIGN

Date 9-04-2004

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
PD	TENHAGEN, JOSEPH W.	7324 S.W 134 TH. COURT	MIAMI, FLORIDA 33183

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: *Joseph W. Tenhagen* JOSEPH W. TENHAGEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-1-2004 305-374-2411
Daytime Phone #

CR2E081 (01/04)