

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 23 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-07

CR2E081 (1/07)

DOCUMENT # 613718

1. Corporation Name

Barberis Gems Inc

2. Principal Office Address - No P.O. Box #

36 NE. 1st #

Suite, Apt. #, etc.

#323

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Office Address

36 NE. 1st

Suite, Apt. #, etc.

#323

City & State

Miami, FL

Zip

33132

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/1979

5. FEI Number

59-2057873

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

Lee Ann Barberis

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

36 NE. 1st

Suite, Apt. #, Etc.

#323

City

Miami

State

FL

Zip Code

33132

☒ 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

Lee Ann Barberis

REGISTERED AGENT MUST SIGN

Date

10-17-07

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	Barberis, Lee Ann	36 NE. 1st #323	Miami, FL 33132

600111188348
10/23/07--01028--005 **1685.00

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:

Lee Ann Barberis, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-07 305-371-7355

Date

Daytime Phone #

10/25/07