

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 15 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **652682**

1. Corporation Name

~~J.C. Jewelry Manufacturing, Inc.~~

J.C. JEWELRY MFG, INC

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

36 NE 1st St

Suite, Apt. #, etc.

303

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida: 01/18/1980

5. FEI Number

59-2017356

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

Contreras, Enrique, Jr

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

36 NE 1st St

Suite, Apt. #, Etc.

303

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

Enrique Contreras Jr.
REGISTERED AGENT MUST SIGN

Date

07/25/08

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
DP	CONTRERAS, ENRIQUE, JR	36 NE 1ST ST #303	MIAMI FL 33132
D	CONTRERAS, DAVID	36 NE 1ST ST #303	MIAMI FL 33132

400133538064

07/28/08 01060 011 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/25/08

Daytime Phone #

395

358-6525