

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000001699

FILED  
Dec 13, 2007  
Secretary of State

Entity Name: PAYLESS CERTIFIED DIAMONDS.COM, INC.

## Current Principal Place of Business:

10800 BISCAYNE BLVD., SUITE 560  
MIAMI, FL 33161

## New Principal Place of Business:

1000 ISLAND BLVD  
#807  
MIAMI, FL 33160

## Current Mailing Address:

10800 BISCAYNE BLVD., SUITE 560  
MIAMI, FL 33161

## New Mailing Address:

1000 ISLAND BLVD  
#807  
MIAMI, FL 33160

FEI Number: 56-2484122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VALINSKY, JAY ESQ.  
C/O KAIN & VALINSKY, P.A.  
750 SOUTHEAST THIRD AVE., SUITE 100  
FT. LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

ARONSON, AVRILLE PST  
1000 ISLAND BLVD  
#807  
MIAMI, FL 33160 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AVRILLE ARONSON

12/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: ARONSON, AURILLE  
Address: 10800 BISCAYNE BLVD., SUITE 560  
City-St-Zip: MIAMI, FL 33161

Title: CD ( ) Delete  
Name: ARONSON, AURILLE  
Address: 10800 BISCAYNE BLVD., SUITE 560  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: BEGELMAN, MARK  
Address: 10800 BISCAYNE BLVD., SUITE 560  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: SUCCOP, LAWRENCE  
Address: 10800 BISCAYNE BLVD., SUITE 560  
City-St-Zip: MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: ARONSON, AVRILLE  
Address: 10800 BISCAYNE BLVD., SUITE 560  
City-St-Zip: MIAMI, FL 33161

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVRILLE ARONSON

PST

12/13/2007

Electronic Signature of Signing Officer or Director

Date