PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 FEB 17 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005559

1. Corporation Name DA COSTA WHOLESALE JEWELRY INC.

14 NE 1ST AVE # 1408
MIAMI FL 33132
Principal Place of Business

14 NE 1ST AVE # 1408
MIAMI, FL 33132
Mailing Address

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

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1994

5. FEI Number 65-0504730 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRS	HARRY CHITRIK	4101 INDIAN CREEK DR # 504 MIAMI BEACH	FL 33140
OFCR	HARRY CHITRIK	"	"
DRC	HARRY CHITRIK	"	"

200002430912--0
02/16/98--01007--018
****122.50 ****122.50

95.00
21.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

HARRY CHITRIK
4101 INDIAN CREEK DR # 504
MIAMI BEACH, FL 33140

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

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02/18/98--01006--001
***1086.25 ***1086.25
1086.25

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.

Signature of Registered Agent _____ Date 2/16/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ HARRY CHITRIK 2/16/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 305-789-5544