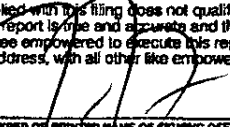


**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # G10721 1. Entity Name ARUBA GOLD JEWELRY, INC.					
Principal Place of Business 36 N.E. 1ST ST., #137 MIAMI, FL 33132			Mailing Address 36 N.E. 1ST ST., #137 MIAMI, FL 33132		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2277910	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLINSKY, MICHAEL 169 E FLAGLER STREET #1518 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RANCANO, RAMON		NAME	400042280094	
STREET ADDRESS	1835 DAYTONIA ROAD		STREET ADDRESS	10/28/04--01028--010 **150.00	
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE	STD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RANCANO, LEONOR		NAME		
STREET ADDRESS	1835 DAYTONIA RD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X 			10/25/04 3053582868		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 28 PM 3: 05



10252004 REIN-P CR2E098 (6/04)

11/2 ad