

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # G45911

1. Corporation Name

RODOLFO SANTAYANA JR, JEWELRY, INC.

Principal Place of Business

917 SW 122ND AVENUE
MIAMI FL 33184

Mailing Address

917 SW 122ND AVENUE
MIAMI FL 33184

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1983

5. FEI Number

59-2331638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
PD	SANTAYANA, RODOLFO	3778 SW 135TH AVE	MIAMI FL 33175
SD	SANTAYANA, MARIA LUISA	3778 SW 135TH AVE	MIAMI FL 33175

8. Name and Address of Current Registered Agent

SANTAYANA, RODOLFO
3778 SW 135TH AVE
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name: Maria L. Santayana
Street Address (P.O. Box Number is Not Acceptable): 3778 SW 135 Ave
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33175

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

Maria L. Santayana
REGISTERED AGENT MUST SIGN

Date:

11-30-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. 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:

Maria L. Santayana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-98
Date

305-559-8565
Daytime Phone #



99 JAN 25 AM 9:13

SECRETARY OF STATE
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-02/04/99--01053--010
****150.00 ****150.00

400002764694--8
-02/04/99--01053--011
****600.00 ****600.00
TS 1/26/99
98-99
400002764694--8
-02/04/99--01053--009
****150.00 ****150.00

CR2E040 (9/98)