

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 16 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900110865443  
10/16/07--01059--011 \*\*450.00

REINSTATEMENT  
CR2E081 (1/07)

05-07

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G 62963

1. Corporation Name

R C JEWELERS INC.

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

14 NE 1 AVE. #100

Suite, Apt. #, etc.

700

City & State

MIAMI, FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33132

Country

USA

Zip

~~33132~~

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2336563

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

RICHARD RABEN

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

2130 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

City

HOLLYWOOD,

State

FL

Zip Code

33020

☒ 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

Richard Raben

Date

10/11/07

REGISTERED AGENT MUST SIGN

**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
PRES	ITZHAK SHALOM	14 NE 1 AVE #700	MIAMI, FL 33132

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

10/12/07

Date

305-3586405

Daytime Phone #

10/12