

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 # K03217

1. Corporation Name

U.S. JEWELRY MANUFACTURING, INC.

Principal Place of Business

Mailing Address

~~2108 N.E. 123 ST
SUITE 314
N. MIAMI FL 33181
US~~

~~2108 N.E. 123 ST
SUITE 314
N. MIAMI FL 33181
US~~

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.

12555 BISCAYNE BL. SUITE 882

City & State
N. MIAMI, FLORIDA

Zip
33181

Country
U.S.A.

Suite, Apt. #, etc.

12555 BISCAYNE BLVD. SUITE 882

City & State
N. MIAMI, FLORIDA

Zip
33181

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1987

5. FEI Number

65-0026707

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	NASR, ROLAND	13499 BISCAYNE BLVD, 1512	N. MIAMI BEACH FL

9000002058219--4

-01/15/97--01006--008

****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NASR, ROLAND

~~2108 N.E. 123 ST
SUITE 314
N. MIAMI FL 33181~~

Name

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

12555 BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE 882

City

N. MIAMI

State

FL

Zip Code

33181

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

REGISTERED AGENT MUST SIGN

Date

12/9/96

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)(l), 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

PRESIDENT

Date

12/9/96

Daytime Phone #

(305)895-9904

FILED

97 JAN -8 AM 8:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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CPRE040 (7/96)