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(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 MAY 13 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K19789

1. Corporation Name
KOZI DIAMOND, INCORPORATED

Principal Place of Business / Mailing Address
1 NE 1st Street
Suite B-2
Miami, Fl 33132

REINSTATEMENT 8-9-99

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

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida: 3/31/88
5. FEI Number: 65-0110499 (Applied For / not Applicable)
6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use P.O. Box Numbers)	4 City / State / Zip
PVTS	Jasid Kazieva	944 NE 27th Ave	Hallandale, Fl 33009

8. Name and Address of Current Registered Agent
Brito & Brito Accounting
407 Lincoln Road
Suite 5-B
Miami Beach, Fl 33139

9. Name and Address of New Registered Agent
Name: Brito & Brito Accounting
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road
Suite 5-B
City: Miami Beach, Fl
State: FL
Zip Code: 33139

10. I hereby appoint the registered agent of the above named corporation, familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: 5/11/99
REGISTERED AGENT SIGNATURE

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 of the reporter or have been authorized 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., and 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: _____ 5/12/99
SIGNATURE OF OFFICER OR DIRECTOR OR AUTHORIZED AGENT OF DIRECTOR — Date (Mandatory)

Preapared By: Brito & Brito
407 Lincoln Road Ste 5-b
Miami Beach Fl 33139 (305) 534 9292

(2)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

KOZI DIAMOND, INCORPORATED

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,992.50