
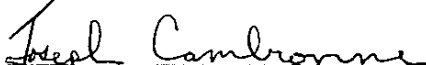


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K 33056			
1. Corporation Name CAMACHO JEWELERS, INC			
2. Principal Office Address - No P.O. Box # 685 N.W. 154 AVE		3. Mailing Office Address 685 N.W. 154 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines, Florida		City & State Pembroke Pines, Florida	
Zip 33028	Country USA	Zip 33028	Country USA
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 1988	
Name Joseph Cambronne		5. FEI Number 650078564	
Street Address (P.O. Box Number is Not Acceptable) 685 N.W. 154 AVE		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Pembroke Pines		<input checked="" type="checkbox"/> 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.	
State FL		Zip Code 33028	
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		Date	
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
P/S	Joseph Cambronne	1405 NW 120 ST	Miami / FL / 33167
	100% Owner as of 1989		100113463911 12/28/07--01009--018 **500.00
			100113463911 12/28/07--01009--019 **100.00
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: 		12/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	