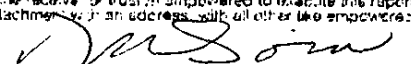


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 NOV -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K77788				07 NOV -1 PM 1:17																									
1. Entity Name SOSA JEWELRY INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA																											
Principal Place of Business 4200 W 12 AVE MIAMI, FL 33012 US		Mailing Address 4200 W 12 AVE MIAMI, FL 33012 US																											
2. Principal Place of Business - No P.O. Box # 36 NE 1st STREET		3. Mailing Address 36 NE 1st STREET																											
State, Apt., etc. 808		State, Apt., etc. 808		10262907 REIN-P CR2E008 (1/07)																									
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 85-0110784																									
Zip 33132		Zip 33132		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
5. Name and Address of Current Registered Agent SOSA, MIRTA 36 NE 1ST SUITE 808 MIAMI, FL 33132				6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the qualifications of registered agent.				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
SIGNATURE Signature of individual or the name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)				10/25/2007																									
FILE NOW!! - FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11, as applicable, or in an attachment to an address with all other like empowered.																													
SIGNATURE:  10/25/2007																													

① ENCLOSED YOU WILL FIND CHECK FOR THE AMOUNT OF \$150.00 BECAUSE AS YOU SEE, THIS FORM WAS SEND TO WRON ADDRESS.