2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 NOV -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K77788

1. Entity Name
SOSA JEWELRY INC.

Principal Place of Business	Mailing Address
~~4200 W 12 AVE~~ ① ~~HIALEAH, FL 33012~~ US	~~4200 W 12 AVE~~ ~~HIALEAH, FL 33012~~ US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
36 NE 1st STREET	36 NE 1st STREET
Suite, Apt. #, etc. 808	Suite, Apt. #, etc. 808
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33132	Zip 33132
Country US	Country US

10252007 REIN-P CR2E008 (1/07)

4. FEI Number
65-0110784

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOSA, MIRTA 36 NE 1ST SUITE 808 MIAMI, FL 33132	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 obligations of registered agent.

SIGNATURE _____ 10/25/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW@ - FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ Delete	☐ Change ☐ Addition
NAME	SOSA, MIRTA		
STREET ADDRESS	36 NE 1ST, SUITE 808		10011230157 1
CITY-ST-ZIP	MIAMI, FL 33132		11/14/07--01051--010 **150.00
TITLE	VST	☐ Delete	☐ Change ☐ Addition
NAME	SOSA, ALBERTO		
STREET ADDRESS	5401 COLLINS AVE A515		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE	D	☐ Delete	☐ Change ☐ Addition
NAME	SOSA, ALBERT		
STREET ADDRESS	5401 COLLINS AVE A515		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME	REINSTATEMENT		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	RH	☐ Delete	☐ Change ☐ Addition
NAME	11-07		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 with an address, with all other like empowered.

SIGNATURE: _____ 10/25/2007
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EMPOWERED ON THIS REPORT Date

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