

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 27 AM 7:42

KS

300183717213
07/27/10--01038--005 **1050.00

DOCUMENT # L49612

1. Corporation Name

SINCERE JEWELRY, INC.

2. Principal Office Address - No P.O. Box #

7161 SW 117 AVE.

3. Mailing Office Address

7161 SW 117 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33183

Country

DADE

Zip

33183

Country

DADE

REINSTATEMENT 08-10
CR28081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/1989

5. FEI Number

65-0165614

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PRAPASARA USAMANONT

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

7161 SW 117 AVE.

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33183

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

P. C. J.

Date 7/20/2010

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
PR	PRAPASARA USAMANONT	7161 SW 117 AVE	MIAMI, FL 33183

10. E-mail Address: PRAPASARAU@HOTMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

P. C. J.

7/20/2010

305-274-9776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #