

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 28 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M16709

1. Corporation Name

Kendall's Diamond House Inc

2. Principal Office Address

10661 N Kendall Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 214

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33176

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2200892

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

Robert Goodman

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

10661 N. Kendall Drive

Suite, Apt. #, etc.

Suite 214

City

Miami

State

FL

Zip Code

33176

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

[Signature]

Date

4-20-06

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
DP	Goodman, Robert	10661 N. Kendall Dr #214	Miami Fla 33176

10. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Speed Message

WHOLESALE JEWELERS

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New Address 10661 N. Kendall Dr. #214
Town & Country Center
8304 Mills Drive • Miami, Florida 33183 33176
Ph. (305) 279-8486 • Fax (305) 279-0609
Call us Toll-Free 1-800-568-GEMS (4367)

To Fl. Dept of Corporation

Date

4.20.06

To whom it may concern;

We NEVER Received our 2004, 2005 + 2006 Annual Report
DUE TO THE FACT WE HAD MOVED, AND DIDN'T even
Relized, because The Post-office which we gave our
New MAILING ~~at~~ ADDRESS TO. PLEASE WAIVE penalty.

(our New ADDRESS)

WHOLESALE JEWELERS

10661 North Kendall Drive, Suite #214

MIAMI, FL. 33176

Thank you,

Signed