

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M38717

1. Corporation Name

EMERALDS INTERNATIONAL, INC.

Principal Place of Business

104 DUVAL ST.  
KEY WEST FL 33040

Mailing Address

104 DUVAL ST.  
KEY WEST FL 33040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/1986

150.00

5. FEI Number

99-0192070

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
EVP	MARCIAL, INGE	104 DUVAL ST	KEY WEST FL
P	MARCIAL, MANUEL J	104 DUVAL ST	KEY WEST FL
VP	MARCIAL, MARINA	104 DUVAL ST	KEY WEST FL

200008636568  
10/29/02-01126-002 \*\*400.00

8. Name and Address of Current Registered Agent

MARCIAL, INGE  
104 DUVAL STREET  
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name: Marina Marcia  
Street Address (P.O. Box Number is Not Acceptable)  
104 Duval St.  
Suite, Apt. #, Etc.  
Key West  
City: Key West  
State: FL  
Zip Code: 33040

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Marina Marcia*  
REGISTERED AGENT MUST SIGN

Date 10.24.02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

*Marina Marcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.24.02 (305)294-2060

Date

Daytime Phone #

# EMERALDS INTERNATIONAL, INC.

*"Your Emerald and Conch Pearl Specialists"*

October 25, 2002

Florida Dept. of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: M38717

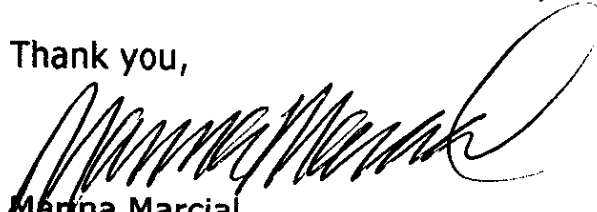
Dear Sir or Madam:

I was surprised to receive the Notice of Administrative Dissolution or Revocation, as I mailed a check on July 10, 2002 for the additional late fee for the report filed June 24, 2002. With the original filing I mailed a check for \$150.00, and when I received the late fee notice, I mailed a check for \$400.00. I assumed that the form would then be filed.

Upon receiving this most recent notice, I investigated as to whether the checks mailed to you have cleared, and I have come to find that the check for \$400.00 has not yet cleared the bank. The check was written on July 10<sup>th</sup>, 2002, ck#13034. I will notify my bank to put a stop payment on that check, and I have re-issued the check for \$400.00 (enclosed). I have also filled out the Application for Reinstatement.

Please let me know if there is anything further I need to do.

Thank you,

  
Marina Marcial,  
Vice-President

Jewelry  
Designs By



104 DUVAL STREET  
KEY WEST, FLORIDA  
33040 USA

Member American Gem Trade Association

Member Key West Chamber of Commerce

TEL # (305) 294-2060

(305) 294-5280

FAX # (305) 294-7931

e-mail: marcialdegomar@hotmail.com