

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -6 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

EJEWELERS B2B CORP.
P000000 29819

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

7780 49th ST. N UNIT 125

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite # 125

Suite, Apt. #, etc.

City & State

Pineellas Park

City & State

Zip

Country

33781

USA

Zip

Country

33781

100162570981

11/06/09--01038--013 **1958.00

REINSTATEMENT CR2E081 (12/08) 01-09

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/2003

5. FEI Number

☒ 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

Hieu Cao

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

7780 49th ST. N.

Suite, Apt. #, Etc.

Unit # 125

City

Pineellas Park

State

FL

Zip Code

33781

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 11-2-09

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
CEO PRES.	Hieu Cao	7780 49th ST. N UNIT 125	Pineellas Park FL 33781

10. 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 contained in Chapter 118, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-09

Date

Daytime Phone #

727-902-8177

PH# 727-902

11/9/09