PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 17 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109247

1. Corporation Name

ARBAAZ JEWELRY, INC.

900163725849
12/17/09--01037--015 **308.75

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
21192 US HWY 31	21192 US HWY 31
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: THORSBY, ALABAMA	City & State: THORSBY, ALABAMA
Zip: 35171 Country: CHILTON	Zip: 35171 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/27/2000

5. FEI Number: 59-3685107 ☐ 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: AZIZ K. BHIMANI

Street Address (P.O. Box Number is Not Acceptable): 9127 EDEN SHIRE CIRCLE

Suite, Apt. #, Etc.

City: ORLANDO State: FL Zip Code: 32836

☑ 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: Aziz Mani Date: 12-15-09

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
PRE	AZIZ K. BHIMANI	2911 Rime Village Drive E	HOOVER, AL 35216
		12/18	

10. **E-mail Address:** manaccount@centurytel.net

(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: Aziz Mani 12/15/09 205-646-0139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #