

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2009 MAY 28 P 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/29/09--01001--001 **1200.00

CR2E081 (12/08)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000011755

1. Corporation Name


JADE INTERNATIONAL JEWELER'S, INC.

2. Principal Office Address - No P.O. Box # 370 EAST 55 STREET Suite, Apt. #, etc.		3. Mailing Office Address 370 EAST 55 STREET Suite, Apt. #, etc.	
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA	
Zip 33012	Country USA	Zip 33012	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/31/2001	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name ROXANA I. NASCO		
Street Address (P.O. Box Number is Not Acceptable) 2107 ALHAMBRA CIRCLE Suite, Apt. #, Etc.		
City CORAL GABLES	State FL	Zip Code 33134

☒ 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 607.0605 or 617.0503, F.S.	
Signature of Registered Agent 	Date 3/22/09

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
D	JOSEPH SHEMTOV	8714 WHITWORTH DRIVE	LOS ANGELES, CA 90035
PS	MILLIE PENALVER	370 EAST 55 STREET	HIALEAH, FL 33012

REINSTATEMENT
2002-09
JPS

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 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: 	Date: 5/22/2009 (305) 323-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

(323-1499)