

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 NOV -5 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013432

1. Corporation Name

ALANA JEWELRY, INC.

Principal Place of Business

DOLPHIN MALL
11401 NW 12TH ST. #454
MIAMI FL 33172

Mailing Address

DOLPHIN MALL
11401 NW 12TH ST. #454
MIAMI FL 33172

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/2001

5. FEI Number

65-1075549

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	HURTADO, ANA B	4906 SW 154TH CT	MIAMI FL 33185
VPD	HURTADO, ANA B	4906 SW 154TH CT	MIAMI FL 33185

7000008814517
11/05/02--01107--020 **150.00

8. Name and Address of Current Registered Agent

HURTADO, ANA B
4906 SW 154TH CT.
MIAMI FL 33185

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA HURTADO

10/31/02

(305) 716-0210

CR2E040 (8/02)

Miami, October 31, 2002

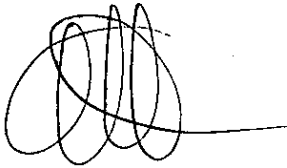
**Department of State
Tallahassee, Florida**

Dear Sirs:

Please find my check in the amount of \$150.00 for Annual Report for Alana Jewelry, Inc. I did not receive any previous correspondence related to this, the mailing address is the one of the mall and sometimes it gets loss.

Please accept my payment in good faith and abate the reinstatement fee.

Sincerely,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

**Ana B. Hurtado
-President-**