

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W04000015643

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY -6 AM 8:00

DOCUMENT # P01000 029375

1. Corporation Name

SADRU JEWELERS, INC.  
DBA CREATIVE JEWELERS

2. Principal Office Address

3100 College Rd

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34474

Country

3. Mailing Office Address

3100 College Rd

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34474

Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 2001

5. FEI Number

59-3698977

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

SALIM S. JIVA

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

6575 TIME Sq AVE

Suite, Apt. #, Etc.

# 105

City

ORLANDO

200033476122

04/21/04--01077--008 \*\*300.00

200033476122

05/06/04--01072--015 \*\*150.00

State

FL

Zip Code

32835

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

Date

3-31-04

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
OWNER	SALIM JIVA	6575 TIME Sq AVE ORLANDO FL 32835	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-04 (678) 464  
5482

CR2E081 (01/04)

202

FLORIDA DEPARTMENT OF STATE  
Division of corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

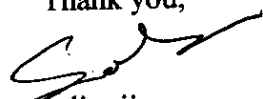
April 19, 2004

**Letter No: 004A00010750**

This is fees waive request to department for not filling the registration and yearly corporations application for last year. Because some reason application didn't come or get lose by mail. So please waive the fees and accept the new form and fees for 2003 and 2004.

Should you have any question regarding this matter please contact Ph No: 678-464-5482?

Thank you,

  
salim jiva