

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064132

**1. Corporation Name**

MIAMI GEMS AND ROCK, INC  
48 E FLAGLER ST #27  
MIAMI, FL 33131

**2. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

38 NE 1ST STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33132

Country

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida 06/27/2001**

**5. FEI Number**  
65-1116169

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  
LIN, TYRONE

Street Address (P.O. Box Number is Not Acceptable)  
38 NE 1ST STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33132

**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]*

REGISTERED AGENT MUST SIGN

Date 2-22-04

**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
P	LIN, TYRONE	2930 POINT EAST DR E105	MIAMI, FL 33160
VP	LIN, TYRONE	2930 POINT EAST DR E105	MIAMI, FL 33160

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-04

305-258-0001