

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1082

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV 15 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089510

1. Corporation Name

AVENTURA DIAMOND & ESTATE JEWELRY, INC.

Principal Place of Business

Mailing Address

18861 BISCAYNE BLVD  
AVENTURA FL 33180

18861 BISCAYNE BLVD  
AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1137542

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)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

PD

GULLO, JOSEPH

18861 BISCAYNE BLVD

AVENTURA FL 33180

VD

LEECH, JEFFREY

18861 BISCAYNE BLVD

AVENTURA FL 33180

200008758132  
11/01/02--01058--014 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GULLO, JOSEPH  
18861 BISCAYNE BLVD  
AVENTURA FL 33180

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

10/24/02

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

10/24/02 305-993-9551

Date

Daytime Phone #

CR2E040 (8/02)

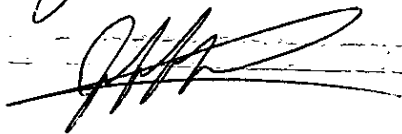
Florida Dept. of State,

10/24/02  
Pg 20 Fr

Please be advised this is the only  
notice Aventura Diamond has received to  
date.

Aventura Diamond  
18861 Biscayne Blvd  
Aventura, FL 33180  
(305) 318-9505

Thank you  
Joseph Gullb

A handwritten signature, possibly reading "J. Gullb", written in dark ink.