

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000117583 1. Entity Name MAYAN GOLD JEWELRY, INC.	
---	--

Principal Place of Business 1123 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH CITY, FL 33411	Mailing Address 1123 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH CITY, FL 33411
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip - Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip - Country
--	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 19 PM 2:44

REINSTATEMENT 04



10272004 REIN-P CR2E098 (6/04)

4. FEI Number 01-0711377	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASTAO, ESTHER A 1123 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete CASTRO, ESTHER A 1123 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH CITY, FL 33411	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">900042897099</div> <div style="text-align: center;">11/19/04--01031--003 **150.00</div>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Esther A Castro X 11-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #