

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC 15 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000121752

1. Corporation Name

Amoissante Jewels Inc.

2. Principal Office Address

424 East Central Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32801

Country

USA

Zip

Country

REINSTATEMENT 03

100025489971

12/15/03--01013--020 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2001

5. FEI Number

593670014

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

Sharon Gourney

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

424 E. Central Blvd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

Sharon Gourney

REGISTERED AGENT MUST SIGN

Date

12-11-03

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
<u>DPST</u>	<u>Sharon Gourney</u>	<u>424 E. Central Blvd</u>	<u>Orlando, FL 32801</u>

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

12-11-03

Daytime Phone #

407-841-0069

CR2E081 (10/02)

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Amoissanite Jewels Inc.
424 East Central Blvd.
Orlando, Florida 32801
407-841-0669

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Application of Reinstatement and
Waiver of late fees

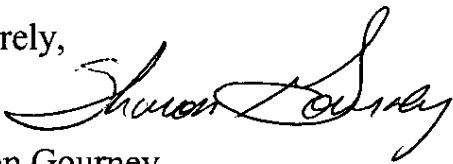
Dear Department of State;

Please let this serve as a request for waiver of fees and reinstatement. We never received our annual report to file and was not given the opportunity to respond and complete our annual report.

We are a very, very small business and the late fees are prohibitive. We would appreciate the waiver and have included the normal fees.

Thanks for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Gourney".

Sharon Gourney
President