

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000076864

1. Corporation Name

FABULOUS DIAMOND'S WHOLESALE, INC.

Principal Place of Business

Mailing Address

8859 SW 24 ST
MIAMI FL 33165

8859 SW 24 ST
MIAMI FL 33165

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



300024084223

10/24/03--01033--001 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/2002

5. FEI Number

20-0000269

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FERRO, ANGEL M	8859 SW 24 ST	MIAMI FL 33165

8. Name and Address of Current Registered Agent

MANUEL FERRO, ANGEL
8859 SW 24 ST
MIAMI FL 33165

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10/21/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03 (305) 213-0320

Daytime Phone #

CR2E040 (7/03)



October 21, 2003


Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314
RE: Fabulous Diamonds Wholesale, Inc #P02000076864

Dear Sir or Madam:

Attached please find our completed application for reinstatement along with a check for \$150.00. Please be advised that we did not receive the prior USR notices and therefore are filing this report without any penalty fees.

Please feel free to call me if you have any questions or need any further information.

Sincerely


Angel M Ferro
President