

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000082827

1. Corporation Name

BABAK JEWELRY, INC.

2. Principal Office Address - No P.O. Box #

14 NE 1ST AVENUE

Suite, Apt. #, etc.

302

City & State

MIAMI

Zip

33132

Country

US

3. Mailing Office Address

14 NE 1ST AVENUE

Suite, Apt. #, etc.

302

City & State

MIAMI

Zip

33132

Country

33132

7. Name and Address of Current Registered Agent

Name

JAFARI-ROHANI, MASSOUD

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

14 NE 1ST AVENUE

Suite, Apt. #, Etc.

302

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

REGISTERED AGENT MUST SIGN

Date 9/18/08

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
D	JAFARI-ROHANI, MASSOUD	14 NE 1ST AVENUE, SUITE 302	MIAMI, FL 33132

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/08

Date

786-382-6169

Daytime Phone #

FILED

2008 SEP 22 AM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700136223067
09/22/08--01060--001 **300.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 07/23/2003

5. FEI Number
20-0130031

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

B. Mitchell SEP 22 2008