


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000033945</b>						<b>FILED</b> <b>06 OCT 16 PM 1:52</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 06	
<b>1. Entity Name</b> MMC GEM STONES, CORP.				<b>Principal Place of Business</b> 1311 PIZARRO ST CORAL GABLES, FL 33134			
<b>2. Principal Place of Business</b> 4819 SW 8th. Suite, Apt. #, etc.				<b>3. Mailing Address</b> 4819 SW 8th. Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL		<b>4. FEI Number</b> 56-2439785		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b> 33134		<b>Country</b> US		<b>Zip</b> 33134		<b>Country</b> US	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10132006 REIN-P CR2E098 (11/05)			
<b>6. Name and Address of Current Registered Agent</b> ORTEGA, CARLOS 1311 PIZARRO ST CORAL GABLES, FL 33134				<b>7. Name and Address of New Registered Agent</b> Name: Maria E. Ortega. Street Address (P.O. Box Number is Not Acceptable): 4819 SW 8th. City: Miami FL Zip Code: 33134			
<b>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.</b> SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE: PD NAME: ORTEGA, CARLOS STREET ADDRESS: 1311 PIZARRO STREET CITY-ST-ZIP: CORAL GABLES, FL 33134				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 300081149093 CITY-ST-ZIP: 10/24/06--01029--003 **150.00			
TITLE: VSD NAME: ORTEGA, MARIA E STREET ADDRESS: 1311 PIZARRO STREET CITY-ST-ZIP: CORAL GABLES, FL 33134				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>							
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				10-13-06 Date Daytime Phone #			