

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000079648**

1. Corporation Name

GEMS HERITAGE, INC

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

7000 SW 62ND AVE

Suite, Apt. #, etc

140

City & State

South Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

10511 SW 128th AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

USA

400164680074
01/06/10--01009--004 **158.75

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/2004

5. FEI Number

36-4554733

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

JOSEPH F MINOTTI

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

10511 SW 128th AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

☒ 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.

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

[Signature of Joseph F. Minotti]

REGISTERED AGENT MUST SIGN

Date

12/29/2009

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
P	MINOTTI, MICHELLE M	10511 SW 128 th AVE	MIAMI FL 33186
V	MINOTTI, Gigliola	10511 SW 128 th AVE	MIAMI FL 33186
	D 1107		

10. E-mail Address: **GEMSHERITAGE@BELLSOUTH.NET**

(To be used for future annual report notification)

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. I further certify, 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 of Michelle Minotti]

Michelle Minotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/09 (305) 6631228

Daytime Phone #