

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO4000117508

**1. Corporation Name**

PRIMA OAKMARE JEWELRY & PAWN, INC.  
5545 INTERNATIONAL DRIVE  
ORLANDO, FL. 32819

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

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**



**Mr. Hugo Astudillo**  
7378 Spring Villas Cir.  
Orlando, FL 32819

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

20-1500477

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

HUGO ASTUDILLO

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

5545 INTERNATIONAL DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

☒ 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

Hugo Astudillo  
REGISTERED AGENT MUST SIGN

Date 9/20/08

**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
<u>PRES.</u>	<u>HUGO ASTUDILLO</u>	<u>5545 INTERNATIONAL DR.</u> <u>ORLANDO FL. 32819</u>	<u>ORLANDO FL. 32819</u>

300136312103  
09/24/08--01041--002 \*\*300.00

**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:

Hugo Astudillo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/08  
Date

407 352 0011  
Daytime Phone #