

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 20 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32399-0001  
**REINSTATEMENT** 05-06



01202006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P04000148249</b> 1. Entity Name LIFE CUT DIAMOND, CORP	
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Principal Place of Business 5313 COLLINS AVE 212 MIAMI BEACH, FL 33140 US	Mailing Address 5313 COLLINS AVE 212 MIAMI BEACH, FL 33140 US
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2. Principal Place of Business 36 NE 1ST STREET Suite, Apt. #, etc. STE 550	3. Mailing Address 36 NE 1ST STREET Suite, Apt. #, etc. STE 550
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 20-1832594	Applied For <input type="checkbox"/> Not Applicable
Zip 33132	Country MIAMI-0006	Zip 33132	Country MIAMI-0006

6. Name and Address of Current Registered Agent  RAY PEREZ & ASSOCIATES, PA 13935 NW 1ST AVE MIAMI, FL 33168	7. Name and Address of New Registered Agent Name RAFAEL D SHIMUNOV Street Address (P.O. Box Number is Not Acceptable) 36 NE 1ST STREET STE 550 City MIAMI FL Zip Code 33132
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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.

SIGNATURE: *Rafael Shimunov* DATE: 2/7/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIMUNOV, RAFAEL D 5313 COLLINS AVE # 212 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIMUNOV, RAFAEL D 36 NE 1ST STREET STE 550 MIAMI FL 33132
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Rafael Shimunov* DATE: 2/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #