

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 MAR 24 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000148249

1. Corporation Name  
*Life Cut Diamond, Corp.*

**REINSTATEMENT 07-09**  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
36 NE 1ST STREET

3. Mailing Office Address  
36 NE 1ST STREET

Suite, Apt. #, etc  
STE 550

Suite, Apt. #, etc  
STE 550

4. Date Incorporated or Qualified  
To Do Business in Florida 10/27/2004

City & State  
MIAMI, FL

City & State  
MIAMI, FL

5. FCI Number  
201832594

Applied For  
Not Applicable

Zip Country  
33132 USA

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33132 USA

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

7. Name and Address of Current Registered Agent

Name  
RAFAEL SHIMUNOV

Street Address (P.O. Box Number is Not Acceptable)  
36 NE 1ST STREET

Suite, Apt. #, Etc  
STE 550

City  
MIAMI

State Zip Code  
FL 33132

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 607.0506 or 617.0503, F.S.

Signature of  
Registered Agent

*Rafael Shimunov*  
REGISTERED AGENT MUST SIGN

Date: 03/18/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RAFAEL SHIMUNOV	36 NE 1ST STREET	MIAMI, FL 33132

300147133263  
03/24/09--01024--010 \*\*1058 75

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:

*Rafael Shimunov*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2009

Date

Daytime Phone #

3/25/09