

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION
10 JUL -8 PM 2:29

DOCUMENT # P05000012026

1. Corporation Name

FLORIDA ASSOCIATION OF SOUTH AMERICAN JEWELERS, INC.

900181986569
07/08/10--01034--012 **91.25

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

2655 Le Jeune Road

Suite, Apt. #, etc.

Suite 804

City & State

Coral Gables Florida

Zip

33134

Country

USA

3. Mailing Office Address

8775 SW 61 Avenue

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33143

Country

USA

900181986569
06/11/10--01028--006 **958.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

January 20, 2005

5. FEI Number

203460805

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

James J. McNally, Esq.

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

8775 SW 61 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

James J. McNally James J. McNally

REGISTERED AGENT MUST SIGN

Date June 10, 2010

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/D	Tony Acosta	1040 Avenue of The Americas, Suite 1700	New York, New York 10018
VP/D	Santiago Cristobal	1040 Avenue of the Americas, Suite 1700	New York, New York, 10018
S	James J. McNally, Esq.	8775 SW 61 Avenue	Miami, Florida 33143

REINSTATEMENT

8-103 7/9/10

10. E-mail Address: mcnallylawyer@aol.com

(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:

James J. McNally James J. McNally

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10, 2010 305 582-8552

Date

Daytime Phone #