

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 NOV 19 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # POS0000 80390

1. Corporation Name MOMPOSINA JEWELS INC

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

1643 Brickell Ave

Suite, Apt. #, etc.

# 2105

City & State

MIAMI FLORIDA

Zip

33129

Country

USA

3. Mailing Office Address

1643 Brickell Ave

Suite, Apt. #, etc.

# 2105

City & State

MIAMI FLORIDA

Zip

33129

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/2005

5. FEI Number

20-3261131

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

JENNIFER LOPEZ

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

1643 BRICKELL AVENUE # 2105

Suite, Apt. #, Etc.

2105

City

Miami

State

FL

Zip Code

33129

☒ 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

J Lopez

REGISTERED AGENT MUST SIGN

Date

11/16/07

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
PD	JENNY LOPEZ	1643 Brickell Avenue Miami, FL 33129	Miami, Florida 33129

200112599322  
11/27/07-01021-004 \*\*300.00

REINSTATEMENT

06-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/07

Date

(305) 631-0331

Daytime Phone #