## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	ľ



## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P06000028548

1. Corporation Name

FILED 10 JAN 25 PM 2: 25 SECRETARY OF STATE TALLAHASSEE, FLORES

U.S. JEWELRY HOU	BEIN	STATE	'IATENI'	T 191				
2. Principal Office Address - No P.O. Box : 777 NW 72ND AVE Suite, Apt. #, etc. #1001 City & State	Office Address ROADWAY etc.		01/25/ /	REINSTATEMENT 077  200167110442 01/25/1001050016 **600.00  CR2E081 (11/09)  4. Date Incorporated or Qualified To Do Business in Florida 2/22/2006  5. FEI Number   Applied For				
MIAMI, FL	ORK, NY			20-4349682 Not				
Zip Country	10001	,	Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional for a Certification	al Fee required ate of Status	
	Address of Current Regis	stered Agent		,				
Name HO J. LEE Street Address (P.O. Box Number is Not Acceptable) 777 NW 72ND AVE Suite, Apt. #, Etc. 1050 City State Zip Code				circums the-pricare ce receive	☑ 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.  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
MIAMI  8. I, being appointed the registered agents	the shows named corn		FL 33126	the obtidations of sections	on 807 0505 or 617 05	103 E.S.		
Signature of Registered Agent	REGISTERED AG	Ce	e	Title Obligations of Social	Date	18/201	P	
9. Names and Street Addresses of Each (	Officer and/or Director (Fl	orida nonprofit	corporations must l	ist at least 3 directors)				
	les Name of Officers and/or Directors			of Each Director	City / State / Zip			
PRESIDENT HO J. LEE		777 N	IW 72ND	AVE,#1050	MIAMI, F	L 33126		
:								
	,						,	
<sup>10.</sup> E-mail Address:	ERICCHOC	DACYAI	HOO.COM	h and added			· ·	
11. I certify that I am an officer or director or	r the receiver or trustee er	mpowered to e	execute this application	ion as provided for in cha	pter 607 or 617, F.S. I	further certify that v	when filing	

owed by the corporation have been pale. Hurther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR