

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 10 PM 2:08

DEPARTMENT OF STATE  
ALBUQUERQUE, NEW MEXICO

DOCUMENT # P06000051936

1. Corporation Name

MIKE'S DIAMONDS & JEWELRY INC

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

3015 NW 79TH ST

Suite, Apt. #, etc.

55-56

City & State

MIAMI, FL

Zip

33147

Country

US

3. Mailing Office Address

174 NE 96 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33138

Country

US

800137780998  
11/10/08-01025--006 \*\*\*300.00

REINSTATEMENT

07-08

4. Date Incorporated or Qualified

To Do Business in Florida 04/12/2006

5. FEI Number

20-4698026

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

MB&A FINANCIAL SERVICES CORP

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

174 NE 96 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

☒ 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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/05/08

**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	ROSHAL ITSHAKOV	3015 NW 79 ST # 55-56	MIAMI, FL 33147

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

11/05/08

Date

305-758-1136

Daytime Phone #