

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000138518

1. Entity Name
VENZI JEWELERS, INC.



Principal Place of Business
798 VERONA LAKE DRIVE
WESTON, FL 33326

Mailing Address
798 VERONA LAKE DRIVE
WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #

40 NE 1ST AVE

3. Mailing Address

40 NE 1ST AVE

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33132

Country

USA

Zip

33132

Country

USA

10042007

REIN-P

CR2E098 (1/07)

4. FEI Number

20-5831072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARENAS, STEPHANIE
798 VERONA LAKE DRIVE
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D/P ☐ Delete
NAME ARENAS, STEPHANIE
STREET ADDRESS 798 VERONA LAKE DRIVE
CITY-ST-ZIP WESTON, FL 33326

TITLE DVP ☐ Delete
NAME OROZCO, VENUS
STREET ADDRESS 798 VERONA LAKE DRIVE
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100111186321
STREET ADDRESS 10/23/07--01022--017 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephanie Arenas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/07

Date

Daytime Phone #

FILED

2007 OCT 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

