

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 24 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004380

1. Corporation Name

Jewel of India Imports, Inc

2. Principal Office Address

1902 SW Cycle ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 16333

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

West Palm Beach, FL

Zip

34953

Country

ST. Lucie

Zip

33416

Country

Palm Beach

100060898401
10/24/05--01056--030 **908.75

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/14/1993

5. FEI Number

650386796

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

CAROLYN P. MYERS

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

1728 LAKE FRONT BLVD

Suite, Apt. #, Etc.

City

FT. Pierce

State

FL

Zip Code

34982

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**

CAROLYN P. MYERS

REGISTERED AGENT MUST SIGN

Date 10/19/05

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
PT	BIPIN S. JAIN	1902 SW Cycle ST.	PORT ST. LUCIE, FL 34953
VPS	DIANE M. JAIN	1902 SW Cycle ST.	PORT ST. LUCIE, FL 34953

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 under section 119.07(3)(i), 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:

DIANE M. JAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/05

Date

(772) 871-0389

Daytime Phone #

10/19/05