

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:41

DOCUMENT # P93000008300

1. Corporation Name

C.K. JEWELRY, INC.

Principal Place of Business

3015 NORTHWEST 79TH STREET
SUITE D 68-69
MIAMI FL 33147

Mailing Address

15677 SW 16 CT
SUITE D 68-69
PEMBROKE PINES FL 33027
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1993

5. FEI Number

65-0385294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KU, JAN	15677 SW 16TH CT.	PEMBROKE PINES FL
SD	KU, DONG Y UP	15677 SW 16TH CT.	PEMBROKE PINES FL

100004669051--6

-11706701--01057--009

****150.00 ****150.00

8. Name and Address of Current Registered Agent

KU, JAN
15677 SW 16TH CT.
PEMBROKE PINES FL 33027

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date OCT. 18, 2001

11. 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:

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

Date

Daytime Phone #

OCT. 18, 2001 (305) 835-0622

October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: C. K. Jewelry Inc. Document #P93-8300

Dear Ladies and Gentlemen:

Enclosed is my signed reinstatement form with a check for \$150.00 payable to "FL Dept. of State".

As I spoke with your department on Monday, Oct. 15th. I never received a renewal form in January, nor a reminder form in May. I am very meticulous about paying my bills and also handling of any paperwork from any government entity. I have been living at 15677 S W 16 Court, Pembroke Pines, FL 33027 for the past 8 years and the address on the form is correct. Yet I never received renewal of Uniform Business Report for 2001 year. I feel extremely strongly that I cannot pay the \$750.00 as this is utterly unfair to me and stated so and your department agreed to accept \$150.00 for 2001 year over the phone. Therefore I am enclosing this reinstatement form along with a check for \$150.00.

Sincerely yours,

X 

Jan Ku, President
C K Jewelry Inc.
15677 S. W. 16 Court
Pembroke Pines, FL 33027
Tel. (954) 430-9869 or (305) 835-0622

Enc.