

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

DOCUMENT # **P94000069608**

1. Corporation Name  
**WHY NOT JEWELRY CORPORATION, INCORPORATED**

Principal Place of Business	Mailing Address
3015 NW 79TH ST BOOTH NUMBER F4445 MIAMI FL 33147	3015 NW 79TH ST BOOTH NUMBER F4445 MIAMI FL 33147



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	09/21/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	65-0529007
City & State	City & State	Applied For	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$375 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
V.P	EYSHI, DAWOOD	3015 NW 79TH ST	MIAMI FL 33147
<del>V.P</del>	<del>PAKNOOSH, RAMIN</del> DELETE	<del>3015 NW 79TH ST</del> DELETE	<del>MIAMI FL 33147</del> DELETE
ST P	EYSHI, HERSEL	3015 NW 79TH ST	MIAMI FL 33147
			100005172881--3 -03/27/02--01084--010 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAKNOOSH, RAMIN  
 6770 INDIAN CREEK DR  
 APT 6-K  
 MIAMI BEACH FL 33141

Name **EYSHI HERSEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3015 NW 79TH ST**  
 Suite, Apt. #, Etc. **BOOTH # F4445**  
 City **MIAMI** State **FL** Zip Code **33147**

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]* **SIGNATURE REQUIRED** Date **02/14/02**  
 REGISTERED AGENT MUST SIGN

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 REQUIRED** Date **02/14/02** Daytime Phone # **AD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2040 (8/01)