

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

3015 NW 79TH ST  
BOOTH NUMBER F4445  
MIAMI FL 33147

Mailing Address

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/21/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0529007	
Country		Country		Applied For	
				Not Applicable	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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	State Zip Code
MIAMI	FL 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**  
REGISTERED AGENT MUST SIGN

Date 02/14/02

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/02

Date Daytime Phone #

AD