

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000021097			
1. Corporation Name C.C.C. JEWELRY, CORP.			
2. Principal Office Address 2164 SW 26 ST. Suite, Apt. #, etc.		3. Mailing Office Address 2164 SW 26 ST. Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33133	Country	Zip 33133	Country

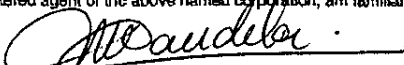
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-009	
4. Date Incorporated or Qualified To Do Business in Florida	03-07-1996
5. FEI Number	56-2460972
6. CERTIFICATE OF STATUS DESIRED ☐	\$8.75 Additional Fee required for a Certificate of Status

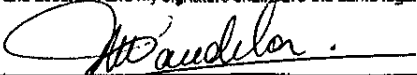
7. Name and Address of Current Registered Agent	
Name MARIA CANDELA	
Street Address (P.O. Box Number is Not Acceptable) 2164 SW 26 ST.	
Suite, Apt. #, Etc.	
City MIAMI	State FL
Zip Code 33133	

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 	Date 5-27-04.
REGISTERED AGENT MUST SIGN	

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
PD	CANDELA MARIA C	2164 SW 26 ST.	MIAMI FL. 33133

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 807 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-04.

Date

Daytime Phone #

CR25031 (05/04)