

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P96 0000 24589*

1. Corporation Name

SEBASTIAN JEWELRY INC.

2. Principal Office Address

12361 SW 189 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip  
33177

Country  
USA

3. Mailing Office Address

12361 SW 189 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip  
33177

Country  
USA

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SEC  
TALL, FLORIDA

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03/20/06--01025--016 \*\*1958.75

REINSTATEMENT *98-06*

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1996

5. FEI Number

650713511

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

RICARDO N. RODRIGUEZ

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

12361 SW 189 ST

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33177

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

REGISTERED AGENT MUST SIGN

Date 02/18/2006

**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
PRE	RICARDO N. RODRIGUEZ	12361 SW 189 ST	MIAMI, FL.33177

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 contained in Chapter 119, 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:

RICARDO N. RODRIGUEZ 02/18/2006

786-271-6064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #