

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 30 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0916000086480

1. Corporation Name: ANNUAL REPORT FEE
IMMANUEL JEWELRY INC.

Principal Place of Business / Mailing Address
1315 N. ST. Rd. #7
Lauderhill FL 33313

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

5. FEI Number: 65-0701362
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President / In Sec.	In Suk Shimochi	13315 SW 119th Street	Miami, Florida 33186
			600002583046-8 07/08/98-01061-008 ****165.00 ****165.00
			600002583046-8 -07/08/98-01061-009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: In Suk Shimochi
Street Address (P.O. Box Number is Not Acceptable): 1315 N St. Rd 7
Suite, Apt. #, Etc.
City: Lauderdale Hill State: FL Zip Code: 33313

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: In Suk Shimochi
REGISTERED AGENT MUST SIGN
Date: 4-20-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: In Suk Shimochi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-20-98
Daytime Phone #

CR2E040 (1/98)