

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000014246

1. Corporation Name

PRECIOUS INVESTMENTS INC.

2. Principal Office Address

13250 Arch Creek Terr.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI FL

City & State

Zip

33181

Country

DADE

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 13 1997

5. FEI Number

05-0726978

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

PAULA CHURICO

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

13250 Arch Creek Terr

400003483934-6

Suite, Apt. #, Etc.

12/04/00 01017 004

****750.00 ****750.00

City

H. Miami

State

FL

Zip Code

33181

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

11/13/00

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
PRES. SOLE OFFICER	PAULA CHURICO	13250 Arch Creek Terr	MIAMI FL 33181

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 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

PAULA CHURICO

Date

11/13/00

Daytime Phone #

305-891-8872