

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1998-2001  
CORPORATION  
REINSTATEMENT  
UBR

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000032552

1. Corporation Name  
SALEM JEWELRY INC

2. Principal Office Address  
1602 ALTON RD

3. Mailing Office Address

Suite, Apt. #, etc.  
6

Suite, Apt. #, etc.

City & State  
MIAMI BEACH FL

City & State

Zip  
33139

Country

Zip

Country

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number ☒ 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  
SAMI SALEM

Street Address (P.O. Box Number is Not Acceptable)  
1995 BAY DR

Suite, Apt. #, Etc.  
4

City  
MIAMI BEACH

State  
FL

Zip Code  
33141

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 \_\_\_\_\_

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
PS	SAMI SALEM	1995 BAY DR #4	MIAMI BEACH-FL-33141

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)(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: Sami Salem  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305.867.2999  
11-6-01 305.491.4729

CR2E081 (9/00)