

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000076135

1. Entity Name  
ROZ JEWELERS, INC.



**FILED**

08 OCT -7 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10072008 REIN-P CR2E098 (1/07)

Principal Place of Business  
1500 APALACHEE PARKWAY  
GOV. SQUARE MALL - MILAN JEWELERS  
TALLAHASSEE, FL 32301 US

Mailing Address  
1500 APALACHEE PARKWAY  
GOV. SQUARE MALL - MILAN JEWELERS  
TALLAHASSEE, FL 32301 US

2. Principal Place of Business - No P.O. Box #  
**2415 N Monroe St.**

3. Mailing Address  
**2415 N Monroe St**

Suite, Apt. #, etc.

City & State  
**Tallahassee, FL.**

Zip  
**32303**

Country  
**USA**

City & State  
**Tallahassee, FL.**

Zip  
**32303**

Country  
**USA**

4. FEI Number  
**59-3463893**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WADHWANNIA, IRSHAD A  
1500 APALACHEE PARKWAY  
GOV. SQUARE MALL - MILAN JEWELERS  
TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**

Name  
**Irshad A Wadhwannia**

Street Address (P.O. Box Number is Not Acceptable)  
**2415 N. Monroe St.**

City  
**Tallahassee,**

FL

Zip Code  
**32303**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
P  
CHARANIA, SALIM ☒ Delete

STREET ADDRESS  
2000 N MERIDIAN RD ST. 252

CITY-ST-ZIP  
TALLAHASSEE, FL 32308

TITLE  
NAME  
☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
☐ Delete

STREET ADDRESS

CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
P  
Irshad A. Wadhwannia ☐ Change ☒ Addition

STREET ADDRESS  
1710 Stone Wood Ct.

CITY-ST-ZIP  
Annapolis, MD 21401

TITLE  
NAME  
☐ Change ☐ Addition

STREET ADDRESS  
800136704608

CITY-ST-ZIP  
10/08/08--01001--009 \*\*200.00

TITLE  
NAME  
☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-07-08

Date

Daytime Phone #

**REINSTATEMENT**

2008