

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **897000094021**

2/ Corporation Name

NAUTICAL JEWELRY, INC

3/ Principal Office Address - No P.O. Box #
417 GREENE ST.

4/ Mailing Office Address

417 GREENE ST

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

Country

33040

USA

Zip

Country

33040

USA

8/ Name and Address of Current Registered Agent

Name

VINOD S. ALWANI

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

417 GREENE ST

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

9/ 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

Vinod Alwani

Date

4/15/2011

REGISTERED AGENT MUST SIGN

10/ 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
P	S.T. ALWANI	1335 20 th TERRACE	KEY WEST FL 33040
V	DIMPLE THAWANI	1335 20 th TERRACE	KEY WEST, FL 33040

REINSTATEMENT

RA

11/ E-mail Address: **VINODK@YAHOO.COM / SUNDER_ALWANI@YAHOO.COM**

(To be used for future annual report notification)

22/ 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

Vinod Alwani

S.T. ALWANI

4.15.11. 305.296.6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2011 APR 25 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000190492530
03/29/11--01031--014--\$300.00

000190492530
01/07/11-01033-0075000
DS3F192)22021*

5/ Date Incorporated or Qualified
To Do Business in Florida

11/03/97

6/ FEI Number

65-0793353

Applied For

Not Applicable

7/ CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

000190492530
04/25/11--01053--005--\$8.75