

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

99 NOV -4 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000019826**

1. Corporation Name

MJS DIAMONDS, INC.

Principal Place of Business

36 NE 1ST STREET
MIAMI FL 33132-2492

Mailing Address

36 NE 1ST STREET **SUIT 255**
MIAMI FL 33132-2492



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 255		Suite, Apt. #, etc. # 255		03/03/1998	
City & State MIAMI FL		City & State MIAMI FL		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33132 Country		Zip 33132 Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	JAFARI-ROHANI, MASSOUD	36 NE 1ST STREET SUIT 255	MIAMI FL 33132

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JAFARI-ROHANI, MASSOUD 36 NE 1ST STREET MIAMI FL 33132-2492	Name JAFARI-ROHANI MASSOUD Street Address (P.O. Box Number is Not Acceptable) 36 NE 1ST STREET Suite, Apt. #, Etc. # 255 City MIAMI State FL Zip Code 33132

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 Date **10-20-99**

11. 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: **JAFARI-ROHANI** Date **10-20-99** Daytime Phone # **305-372-1445**

10-20-99

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I HAVE NOT RECEIVED ANY NOTICE
before because of R. ADDRESS

R. HAN: