

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000028907

1. Corporation Name

Navea's Jewelers, Inc.

2. Principal Office Address

14 N.E. 1st Ave.

Suite, Apt. #, etc.

814

City & State

Miami, FL

Zip

33132

Country

US

3. Mailing Office Address

14 N.E. 1st Ave.

Suite, Apt. #, etc.

814

City & State

Miami, FL

Zip

33132

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/30/98

5. FEI Number

65-0865205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

000005754050--2

-06/11/02--01073--014

****600.00 ****600.00

02 MAY 30 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Jose Navea

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

14 N.E. 1st Ave.

Suite, Apt. #, Etc.

814

City

Miami

State

FL

Zip Code

33132

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**

Jose Navea

REGISTERED AGENT MUST SIGN

Date 5/21/02

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
P.S.	T. Jose Navea	14 N.E. 1st Ave. #814	Miami, FL 33132
		101.25-AR	
		10.00-ARAR	
		88.75-AR SUPP	
		400.00-BRA	

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)(b), 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:

Jose Navea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/21/02 **305.374.7989**

Date

Daytime Phone #

CR25061 (9/01)