

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -2 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA8000066447

**1. Corporation Name**

GEMSTONES WORLD WIDE INC.

REINSTATEMENT

02-04

200028013952

02/02/04--01058--011 \*\*450.00

**2. Principal Office Address** SUITE BASEMENT

**3. Mailing Office Address**

4044 Meridian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

M.B. FL

City & State

Zip

331340

Country

USA

Zip

Country

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

7-27-98

**5. FEI Number**

59P053948

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$6.75 Additional Fee required  
for a Certificate of Status

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

Name

Michael OZ

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

4044 MERIDIAN AVE SUITE 3A

Suite, Apt. #, Etc.

City

M.B.

State

FL

Zip Code

33140

**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

REGISTERED AGENT MUST SIGN

Date

**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
<u>Preside</u>	<u>Michael OZ</u>	<u>4044 Meridian Ave</u>	<u>M.B. FL 33140</u>

**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:

Michael OZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-3-03

Daytime Phone #

305 995-3110

CR2E081 (10/02)

January 15, 2004

Att: Florida Department of State  
Corporation Reinstatement

I would like to appeal the reinstatement fee of \$600 as the uniform business report filing was never received by me for the years 2002, 2003, 2004.

I have enclosed a check for the amount of \$450.00 to cover the charges for each of those years and to have the corporation properly reinstated.

Please send me confirmation of such re-instatement to

Michael Oz  
PO BOX 403654  
Miami Beach, FL 33140

Or to  
Michael Oz  
4044 Meridian Avenue Suite B  
Miami Beach, FL 33140

Thank you in advance,

  
Michael Oz