

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 99 DEC -1 PM 1:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000074351**

1. Corporation Name

GOLD CRAFTS & PRECIOUS STONES, INC.

Principal Place of Business

Mailing Address

4471 NORTHWEST 36TH STREET
 SUITE 223
 MIAMI SPRINGS FL 33166

4471 NORTHWEST 36TH STREET
 SUITE 223
 MIAMI SPRINGS FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *09*

4. Date Incorporated or Qualified To Do Business in Florida

08/26/1996

5. FEI Number

65-071-5432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
PSTD	ARBOLEDA, JULIO E	4471 NORTHWEST 36TH STREET	MIAMI SPRINGS FL 33166

600003064665--9
 -12/08/99--01067--005
 *****758.00 *****758.00
 600003064665--9
 12/08/99--01067--006
 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name Spiegel & Utrera, P.A.
 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue
 Suite, Apt. #, Etc.
 City Coral Gables State FL Zip Code 33134

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

By:

Natalia Utrera
 Natalia Utrera, P.A.

Date

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)(l), 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.

JULIO E. ARBOLEDA *Julio E. Arboleda*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ACQUIRED 9/8/99 305 883 8480 KE
 NOTE: WAS MISSED AS COMPLETED IT NOV. 3/99