

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 22 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name  
JEWELRY & ART BY IRMA, CORP. DOC# P98000077495

2. Principal Office Address  
11865 SW 26TH STREET

3. Mailing Office Address  
1828 SW 12 STREET

Suite, Apt. #, etc.  
UNIT 31 A-2

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33175

Country  
MIAMI-DADE

Zip  
33135

Country  
MIAMI-DADE

4. Date Incorporated or Qualified  
To Do Business in Florida 09/08/1998

5. FEI Number  
650861958

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

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

Name  
JOSE MANUEL HERNANDEZ JR.

Street Address (P.O. Box Number is Not Acceptable)  
1828 SW 12 STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33135

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 04/15/05

**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
PD	JOSE MANUEL HERNANDEZ	1828 SW 12 STREET	MIAMI, FL 33135
STD	IRMA MARTHA HERNANDEZ	1828 SW 12 STREET	MIAMI, FL 33135

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/05

Date

786 325-8819

Daytime Phone #

CR2E081 (01/05)