

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000021199

1. Corporation Name

RUDIE'S DESIGNER JEWELRY, INC.

Principal Place of Business

11172 161ST STREET NORTH
JUPITER FL 33478

Mailing Address

11172 161ST STREET NORTH
JUPITER FL 33478

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

2. New Principal Office Address, If Applicable

212 N US 1 #13

Suite, Apt. #, etc.

TEQUESTA FL

City & State

33469

Zip

Country

USA

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1999

5. FEI Number

65-0896361

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)

Title(s)
1

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

STEENKAMP, RUDOLPH

11172 161ST STREET NORTH

JUPITER FL 33478

212 N US 1 #13

TEQUESTA FL 33469

7000008941997

11/12/02--01118--022 **250.00

150.00

8. Name and Address of Current Registered Agent

STEENKAMP, RUDOLPH

11172 161ST STREET NORTH

JUPITER FL 33478

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

Nov 7 2002

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 7 2002 681 575 4140

Daytime Phone #

CR20040 (8/02)

Nov. 6th 2002

Dear Sir/Mam

We Received a notice that our incorporation will be, or is revoked.

We moved the business in the beginning of the year and did not receive the renewal papers in time or at all

If you could please accept our 150⁰⁰ renewal fee now and I included our new business address.

We appreciate your understanding.

Rudolph Steenkamp
Pres