

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021199

1. Corporation Name

RUDIE'S DESIGNER JEWELRY, INC.

Principal Place of Business

Mailing Address

212 N US 1 #13
TEQUESTA FL 33469

212 N US 1 #13
TEQUESTA FL 33469

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

33478

USA

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEENKAMP, RUDOLPH	212 N US 1 #13	TEQUESTA FL 33469
P/D/M	STEENKAMP RUDOLPH	11172 161 STR N	JUPITER FL 33478
V/	STEENKAMP RUDOLPH	11172 161 STR N	JUPITER FL 33478

000024333240
10/31/03--01053--021 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEENKAMP, RUDOLPH
11172 161ST STREET NORTH
JUPITER FL 33478

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

Rudolph D. Steenkamp
REGISTERED AGENT MUST SIGN

Date

Oct 7 2003

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:

Rudolph D. Steenkamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 7 2003

Daytime Phone #

CR2E040 (7/03)

Oct 7 2003

Dear Sir / Madam:

Please if you could reinstate my corporation.
Our mailing address changed and your office slipped through
our notification process.

We are sorry for this inconvenience and will
appreciate your understanding:

Thank you

Rudolph Sheenkamp



Rudolph