

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055249

1. Corporation Name

FABIEN'S FAMILY JEWELS, INC.

2. Principal Office Address

11510 SW 147<sup>th</sup> AVE

Suite, Apt. #, etc.

#5

City & State

MIAMI FL

Zip

33196

Country

USA

3. Mailing Office Address

11510 SW 147<sup>th</sup> AVE

Suite, Apt. #, etc.

#5

City & State

MIAMI FL

Zip

33196

Country

USA

100042704181

11/12/04--01073--016 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1999

5. FEI Number

☒ 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

EDWARD WALTERMAN, Esq.

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

9010 SW 137<sup>th</sup> AVE

Suite, Apt. #, Etc.

Suite # 215

City

MIAMI FL

State  
FL

Zip Code

33186

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

*Edward Walterman*  
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
P	CHANTALLE J. FABIEN	11510 SW 147 <sup>th</sup> AVE #5	MIAMI, FLA 33196
DV	DIDIER J. FABIEN	11510 SW 147 <sup>th</sup> AVE #5	MIAMI, FLA 33196

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:

*Edward Walterman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/04 305  
588-2200

Daytime Phone #

CR2001 (01/04)

October 20, 2004

Fabien Family Jewels, INC  
11510 SW147th AVE # 5  
Miami, FL 33196

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

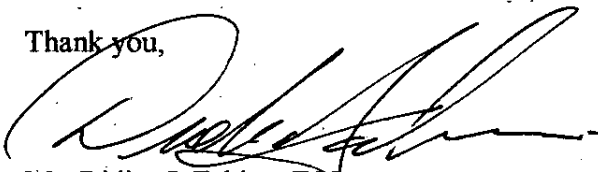
RE: **Doc# P99000055249 - Status: Inactive**

To Whom It May Concern,

I have just learned that my corporation has been dissolved due to non-renewal. I never received any notice of any action being taken against my corporation. After talking with one of your Rep's and stating the facts above, I was informed of the amount needed along with this letter to reactivate this corporation.

Please find a check in the amount of \$750 for reinstatement (as directed).

Thank you,



Mr. Didier J. Fabien, DW