

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -4 PM 2:18

DOCUMENT # P99000060136

**1. Corporation Name**

DIETTER JEWELRY, INC.

**2. Principal Office Address**

13471 SW 99th Terr

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33186

Country

Dade

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

09-12-01 90024 039 \$550.00

04-28-01 90001 014 \$150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/02/99

**5. FEI Number**

65-0932461

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

NARCISO N. NAVARRO

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

13471 S W 99th Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

900004901139-9

02/12/02 01011-009

\*\*\*\*200.00 \*\*\*\*200.00

**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

**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	NARCISO N. NAVARRO	13471 SW 99th Terr	Miami FL 33186
VD	FLORA NAVARRO	13471 SW 99th Terr	Miami FL 33186

**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

Date

Daytime Phone #