PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 506142

1. Corporation Name

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

98 AUG 21 AM 9: 46

ABS. GEMA ! DIAMONDS, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business	Mailing Address					
8221 GLADES ROAD	SUITE 101	ı	DEREIC.	TO A TENDER OF STREET	יי אי	
BOCA RATON, FL 33			Keing.	TATEMEN	G 98	
If above addresses are incorrect in any way, line this	rough incorract information and ar	nter correction helow			76 /11	
New Principal Office Address, If Applicable	New Mailing Office Addres		Date Incorporate To Do Busin	orated or Qualified	11190	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	#, etc.		5. FEI Number Applied For		
City & State	City & State		65-	0230741	Not Applicable	
Zip Country	Zip Co	untry	6. CERTIFICATE	OF STATUS DESIRED 🗀	8.75 Additional Fee regulred for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	/or Director (Florida nonprofit cor	porations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors	3 (Do NO	Street Address of Each Officer and/or Director IT Use Post Office Box N		City / State / Zip		
P.D ADAM STAUS	6037	OLD COURT		BOCA RATION,	FC 33433	
112	6037	# 902 OLD COURT	- Repp			
V MARCI STAUS		# 902		BOCA RATO	N, FL 33433	
			10	10002624 08/25/981 ***1050.00	***1050.00	
B. Name and Address of Current	Registered Agent	Name	9. Name and A	ddress of New Registered	1 Agent	
		ADA	n STA	್ನ s Not Acceptable)		
		8221	GUA	` ~ `		
		Suite, Apt. #, Etc.				
		City BoCA	RMON	Stat	te Zip Code L 33 434	
10 being appointed the registered agent the about 10 Signature of Registered Agent Ref	ove named corporation, am familia	ar with and accept the ot		on 607.0505, F.S. Date X 8/17/48		
 This corporation owes or he Intangible Personal Proper 		year Yes 🛭	No 🗆		i de for information a ngi ble tax.)	
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissoved by the corporation have been paid and the on this application is true and accurate, and my significant	plution has been eliminated, the or names of individuals listed on this	orporate name satisfies form do not qualify for a	the requirements i an exemption und	of section 607.0401 or 617.0	0401, F.S., that all fees	