

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 JUN 15 AM 11:11

DOCUMENT # **592138**

1. Corporation Name

SAH JEWELERS INC.

REINSTATEMENT

96-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2202 UNIVERSITY DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

Zip

Country

Zip

Country

33071

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

650 290 620

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

SCOTT HERTZ

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

2202 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

SCOTT HERTZ

REGISTERED AGENT MUST SIGN

Date **6/12/07**

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
VS	SCOTT HERTZ	2202 UNIVERSITY DRIVE	CORAL SPRINGS, FL. 33071
DT	ANN HERTZ	1785 215TH ST.	BAYSIDE, N.Y. 11360

400104524374
06/18/07--01091--013 **2400.00

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 contained in Chapter 119, 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

SCOTT HERTZ

6/12/07

Date

954-345-3434

Daytime Phone #