


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 DEC 28 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000034404**  
1. Corporation Name  
**Stone Century INC.**  
**W06006050326**

2. Principal Office Address <b>2456 S. Conway Rd</b>		3. Mailing Office Address <b>2456 S. Conway Rd</b>	
Suite, Apt. #, etc. <b>Apt 84</b>		Suite, Apt. #, etc. <b>Apt 84</b>	
City & State <b>Orlando</b>		City & State <b>Orlando</b>	
Zip <b>32812</b>	Country <b>Orange</b>	Zip <b>32812</b>	Country <b>Orange</b>

**REINSTATEMENT**  
CR2E081 (12/05) **05-06**

4. Date Incorporated or Qualified To Do Business in Florida <b>03/23/04</b>	
5. EEL Number <b>57-1204013</b>	Applied For <b>Not Applicable</b>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

W07

7. Name and Address of Current Registered Agent

Name  
**Jevgeni Jermisko**

Street Address (P.O. Box Number is Not Acceptable)  
**2456 S. Conway Rd.**

Suite, Apt. #, Etc.  
**Apt 84**

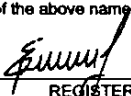
City  
**Orlando**

State  
**FL**

Zip Code  
**32812**

700081773327  
11/14/06--01077--010 \*\*300.00

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  Date **11/03/06**

REGISTERED AGENT MUST SIGN

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	Jevgeni Jermisko	2456 S. Conway Rd	Orlando, FL / 32812

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:  Date **11/03/06** Daytime Phone # **321-960-3130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

To Whom It May Concern,

I am Jevgeni Jermisko would like to request a reinstatement fee to be waived due to never receiving the 2004 - 2005 annual report notice. I have moved from my old address and have never had a chance to check my mail there.

Thank you for you attention,

Sincerely,

Jevgeni Jermisko

  
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December 12th, 2006

Concerning Document # : P04000034404

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