

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT -6 AM 10: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  
2007



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000100826

1. Corporation Name  
STONE CASTLE DANNY INC

2. Principal Office Address - No P.O. Box # <u>230 SIERRA CIR</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>DAVENPORT; FLORIDA</u>		City & State	
Zip <u>33837</u>	Country <u>USA</u>	Zip	Country

7. Name and Address of Current Registered Agent

Name DANILO E. LOPEZ

Street Address (P.O. Box Number is Not Acceptable) 230 SIERRA CIR

Suite, Apt. #, Etc.

City DAVENPORT State FL Zip Code 33837

600136673936  
10/06/08--01061--012 \*\*300.00

REINSTATEMENT  
CP2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida 7/6/2004

5. FEI Number 34-2002536 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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 Daniilo Lopez Date 10/01/08

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
<u>PRES</u>	<u>DANILO E. LOPEZ</u>	<u>230 SIERRA CIR</u>	<u>DAVENPORT, FL 33837</u>

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: Daniilo Lopez Date 10/01/08 (321)947-7443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

STONE CASTLE DANNY INC  
230 SIERRA CIRCLE  
DAVENPORT, FL, 33837

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October 01, 2008.

Florida Department of State  
Division of Corporations

Dear Officer:

I beg to inform you in this letter, my company status is in Administration dissolution for annual report years 2007, 2008, event filed on 09/14/2007.

My company going into this status because we don't receive the communications from the division of corporations after moving to other place.

At this time we like continue operations in the State of Florida.

I am sending the application for the year 2007 and 2008 with the fees of \$150.00 each year.

I appreciate you accept the payment and update current active my company.

If you have any question concerning this matter does not hesitate to contact me.

Sincerely,



Danilo Lopez  
President  
321-947-7443