


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000134880

1. Entity Name
STONE'S CONTRACTING CORP.



FILED

2007 OCT 19 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09182007 REIN-P CR2E098 (1/07)

Principal Place of Business
~~5431 NW15TH STREET
#7
MARGATE, FL 33063~~

Mailing Address
~~5431 NW15TH STREET
#7
MARGATE, FL 33063~~

2. Principal Place of Business - No P.O. Box #
2000 BANKS RD

3. Mailing Address
2000 BANKS RD

Suite, Apt. #, etc.
E1

City & State
MARGATE FL

City & State
MARGATE FL

Zip
33063

Country
USA

4. FEI Number
14-1981350

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STONE, LAUREN J
~~5431 NW15TH STREET
#7
MARGATE, FL 33063~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2000 BANKS RD

E1

City **MARGATE** FL Zip Code **33063**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Lauren Stone* (NOTE: Registered Agent signature required when reinstating)

DATE: **10/17/07**

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME STONE, LAUREN J	
STREET ADDRESS 8479 NW 51 PLACE	
CITY-ST-ZIP CORAL SPRINGS, FL 33067	
TITLE VP	<input type="checkbox"/> Delete
NAME STONE, JENNA C	
STREET ADDRESS 2097 SO. OCEAN DR, #202	
CITY-ST-ZIP HALLANDALE, FL 33009	
TITLE Director	<input type="checkbox"/> Delete
NAME Peter Ricketson	
STREET ADDRESS 853 NW 47 ST	
CITY-ST-ZIP Deerfield FL 33064	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 300111364069	
CITY-ST-ZIP 10/25/07--01050--014 **758.75	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lauren Stone* Date: **10/17/07** 954
Daytime Phone #: **979-5800**