

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 18 PM 1:16

DOCUMENT # P95000058669

1. Corporation Name
Tombstone Associates, Inc

2. Principal Office Address
1314 Skylark Lane

3. Mailing Office Address
1314 Skylark Lane

REINSTATEMENT 99-00

Suite, Apt. #, etc.

City & State
Lantana, FL

4. Date Incorporated or Qualified To Do Business in Florida
7/27/95

Zip
33462

Country
USA

5. FEI Number
65-0599399

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
DeVellis, Cosmo 500003343015-3

Street Address (P.O. Box Number is Not Acceptable)
1314 Skylark Lane -08/02/00-01002-006

Suite, Apt. #, Etc.

City
Lantana State FL Zip Code 33462

***900.00 ***900.00

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 [Signature] Date 7/17/00

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
D	DeVellis, Cosmo	1314 Skylark Lane	Lantana, FL 33462

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 under section 119.07(3)(i), 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] x 7/17/00

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

CR2E081 (9/99)