


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -6 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000032939 1. Corporation Name Cornerstone Heron Pointe, Inc.			
2. Principal Office Address 2121 Ponce de Leon Blvd		3. Mailing Office Address same	
Suite, Apt. #, etc. PH II		Suite, Apt. #, etc.	
City & State Coral Gables, Florida		City & State	
Zip 33134	Country	Zip	Country

800009633248
12/23/02--01039--020 **150.00

REINSTATEMENT

0203

4. Date Incorporated or Qualified To Do Business in Florida April 11, 1997	
5. FEI Number 65-0748059	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Registered Agents of Florida, LLC			
Street Address (P.O. Box Number is Not Acceptable) 100 Southeast 2nd Street			
Suite, Apt. #, Etc. Suite 2900			
City Miami	State FL	Zip Code 33131	800009633248 05/05/03--01085--016 **150.00

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 Charles J. Rennert, VP Date 4/30/03
 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	Meyers, Stuart I.	2121 Ponce de Leon Blvd., PH II	Coral Gables, FL 33134
D	Lopez, Jorge	2121 Ponce de Leon Blvd., PH II	Coral Gables, FL 33134
D	Mades, Mara S.	2121 Ponce de Leon Blvd., PH II	Coral Gables, FL 33134

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided 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: Charles J. Rennert, VP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E081 (9/01)

15