

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -2 PH 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA800002590**

1. Corporation Name
A & J STONE CORPORATION
2498 W 3rd Ct
Hialeah, FLA 33010

200035750892
06/02/04--01018--001 **11.25

2. Principal Office Address

2498 W 3rd Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

2498 W 3rd Ct

Suite, Apt. #, etc.

REINSTATEMENT **03-24**

City & State

Hialeah FLA

City & State

Hialeah FLA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

650883898

Applied For

Not Applicable

Zip Country

33010 U.S.A

Zip Country

33010 U.S.A

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alfonso Jaramillo

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

903 Stillwater Ct.

Suite, Apt. #, Etc.

Alfonso Jaramillo

City

WESTON

State

FL

Zip Code

33327

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

Alfonso Jaramillo
REGISTERED AGENT MUST SIGN

Date

4/27/04

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
President	Alfonso Jaramillo	903 Stillwater Ct	Weston, FLA 33327
Vice President	Elizabeth Jaramillo	903 Stillwater Ct	Weston, FLA 33327
Director	Alejandro Jaramillo	903 Stillwater Ct	Weston, FLA 33327

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:

Alfonso Jaramillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

(305) 887-3665

CR2E061 (01/04)