

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 DEC 23 AM 9:37

DOCUMENT # V71269

1. Corporation Name

THE STONE RESOURCE, INC.

Principal Place of Business

2101 E KIVETT DR  
HIGH POINT NC 27260  
US

Mailing Address

2101 E KIVETT DR  
SUITE 100  
HIGH POINT NC 27260  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

10/15/1992

5. FEI Number

65-0368298

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	ABERMAN, NEIL	2101 E KIVETT DR	HIGH POINT NC 27260
<del>VPS</del>	<del>SKEN, EUGENE D JR.</del>	<del>901 N.W. 12TH AVE., STE. 100</del>	<del>FT. LAUDERDALE FL</del>
AS	ABERMAN, DEBBI	2101 E KIVETT DR	HIGH POINT NC 24260
REINSTATEMENT 99			
LFS			
900003085389--0			
-01/03/00--01005--001			
1-3-2000			
****750.00 ****750.00			

8. Name and Address of Current Registered Agent

SHULACK, GRETA R  
603 PUERTA AVE.  
SUITE 100  
CORAL GABLES FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/27/99

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 REQUIRED  
NEIL ABERMAN

12/21/99

Date

Daytime Phone #