PLEASE READ	ALL INSTRUCTIONS	BEFORE CO	OMPLETING THE FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED
DOCUMENT # 636261			
1. Corporation Name			98 DEC 21 AM 9:50
CORNERSTONE BUILDERS, INC			SECRETARY OF STATE TALLAHASSEE. FLORIDA
Mailing Address 10151 Aspen Way Palm Beach Gardens, FL 3341	Principal Place of Business 10151 Aspen Way 0 Palm Beach Gardens	s, FL 33410	
			REINSTATEMENT (1/2 -
If above addresses are incorrect in any way, line th 2. New Mailing Address, if Applicable	3. New Principal Office Address, I	I Applicable	4. Date Incorporated or Qualified To Do Business in Florida
4446 Hendricks Ave.	5209 San Jose Blvd.		September 14, 1979
#397 City & State	Suite 103		5. FEI Number Applied For 59–1930000 Not Applicable
Jacksonville, FL	Jacksonville, FL	y	6. Senticicate of erature of super 58.75 Additional Fee require
32207 USA	32207 USA		
7. Names and Street Addresses of Each Officer and Name of Officers	Stre	eet Address of Each	
Title(s) and/or Directors	3 (Do NOT Us	licer and/or Director se Post Office Box Nu	umbers) 4 City State Zip
P/D Edward C. Bauer	4446 Hend:	ricks Ave.,	#397 Jacksonville, FL 32207
S/T Steven J. Barone	4446 Hend:	ricks Ave.,	#397 Jacksonville, FL 32207
8. Name and Address of Current	Registered Agent		9. Name and Address of New Registered Agent
Robert A. Burson		1	Teter Tr
310 West First Street		1	, Jeter, Jr. O Box Number is Not Acceptable) Jose Blvd.
Stuart, Florida 34494	•	Suite, Apt #, Etc	
		City Jacksonvil	Lle State Zip Code 32257
10 I, being appointed the registered agent of the ab Signature of Registered Agent	1101	in and accept the obli	Date
11. If this corporation is a non-	EGISTERED AGENT MUST SIGN	(3) tax exemp	pt status, check this box additional information
12. Does this corporation pay Dept. of Revenue under S			No X (See other side for information on intangible tax.)
			for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 re it that the information supplied is deemed exempt from public access. I provided for in chapter 607 or 617, F.S. 1 turther centry that when filing is the requirements of section 607.0401 or 617,0401, F.S. and that all courate, and my signature shall have the same legal effect as it made
SIGNATURE:	THE NAME OF SIC NING OFFICER OR		