PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 OCT -9 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005645

200319379962

CR2E081 (11/10)

1. Corporation Name

STONE STREET SERVICES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2255 Glades Road	2255 Glades Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 118E	Suite 118E
City & State	City & State
Boca Raton, FL	Boca Raton, FL
Zip / Country	Zip / Country
33431 / US	33431 / US

4. Date Incorporated or Qualified To Do Business in Florida: 10/4/2000

5. FEI Number: 52-2056345 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: James D. Martin — Asst. Vice President — Date: 10/5/18

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
P	Steven Pasko	2255 Glades Road, Suite 118E	Boca Raton, FL 33431
V	Paul Kosinski	2255 Glades Road, Suite 118E	Boca Raton, FL 33431
S	Paul Kosinski	2255 Glades Road, Suite 118E	Boca Raton, FL 33431
T	Damien Alfalla	2255 Glades Road, Suite 118E	Boca Raton, FL 33431

OCT 08 2018

C. CARROTHI

10. E-mail Address: smelchiori@suttonpark.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 10/3/2018 561-988-6791 x106

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

PAUL KOSINSKI

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/4/2018

Acc#I20160000072

Name:	Stone Street Services, Inc.
Document #:	
Order #:	11188354 line 2

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑	Certified: ☑
	Plain: ☐
	COGS: ☐

Availability _____

Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 758.75

2018 OCT -4 PM 3:42

Thank you!