

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 12 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003378

1. Corporation Name

STONE HOUSE OF MAX SCHUSTER, INC.

336 WEST PASSAIC STREET
336 WEST PASSAIC STREET

2. Principal Office Address

336 WEST PASSAIC STREET

3. Mailing Office Address

336 WEST PASSAIC STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROCHELLE PARK, NEW JERSEY

City & State

ROCHELLE PARK, NEW JERSEY

Zip

07662-3027

Country

Zip

07662-3027

Country

4. Date Incorporated or Qualified

To Do Business in Florida 06/025/2001

5. FEI Number

131950071

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

LEONARD YUDKOWITZ

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

36 N.E. 1ST STREET

Suite, Apt. #, Etc.

SUITE 361

City

MIAMI

State

FL

Zip Code

33132

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

Leonard Yudkowitz
REGISTERED AGENT MUST SIGN

Date

11/9/04

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
P	MAX SCHUSTER	336 WEST PASSAIC STREET	ROCHELLE PARK, NJ. 07662
V	RICHARD SCHUSTER	336 WEST PASSAIC STREET	ROCHELLE PARK, NJ. 07662
S	ELI SCHUSTER	336 WEST PASSAIC STREET	ROCHELLE PARK, NJ. 07662

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: *Max Schuster*

MAX SCHUSTER

Date

11/9/04

Daytime Phone #

305-371-3388

CR2E081 (01/04)



STONE HOUSE OF MAX SCHUSTER, INC.

SEMI PRECIOUS AND SYNTHETIC STONES

336 WEST PASSAIC STREET
ROCHELLE PARK, N.J. 07662
TELEPHONE: 201-712-9222
FAX: 201-712-0770
FAX: 201-291-1457
E-mail: maxschuster@ibm.net

NEW YORK SHOWROOM

1212 AVE. OF THE AMERICAS
NEW YORK, N.Y. 10036
TELEPHONE (212) 768-1999

November 08 2004

To whom this may concern

Re Doc#F01000003378
Fei # 131950071

Please note we did not receive any notification in the mail for the 2004 annual report.
We ask that you respectfully waive the reinstatement fee

Thank you

Eli Schuster