PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 PM 4: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F04000003610*

1. Corporation Name

*COMMERCIAL STONE FABRICATORS, INC.*

300162843483
11/16/09--01028--009  **450.00
REINSTATEMENT 07-09
CR2E084 (11/09)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 3120 46TH AVE. N. | 3120 46TH AVE. N. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| ST. PETERSBURG, FL. | ST. PETERSBURG, FL. |

| Zip | Country | Zip | Country |
|---|---|---|---|
| 33714 | USA | 33714 | USA |

4. Date Incorporated or Qualified To Do Business in Florida  6-25-2004

5. FEI Number  20-1354810    Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRE'  75 Additional Fee require or a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name
LISA G. MADDUX

Street Address (P.O. Box Number is Not Acceptable)
3120 46TH AVE. NORTH

Suite, Apt. #, Etc.

| City | State | Zip Code |
|---|---|---|
| ST. PETERSBURG | FL | 33714 |

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____
REGISTERED AGENT MUST SIGN

Date 11/13/2009

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 | LISA G. MADDUX | 1200 45TH AVE. N. | ST. PETERSBURG, FL. 33703 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: lisagmaddux@msn.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., 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.

SIGNATURE: _____    11/13/2009