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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 14 PM 3:45

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F99000002811

1. Corporation Name

Cornerstone Detention Products, Inc.

2. Principal Office Address - No P.O. Box #

25270 Will McComb Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tanner, Alabama

City & State

Same

Zip

35671

Country

USA

Zip

35671

Country

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

6/2/99

5. FEI Number

63-1196091

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

CT 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

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

Connie Bryan

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 5/14/08

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 |
|----------|-----------------------------------|--|--------------------|
| Pres/Dir | Charles M. Claborn                | 25270 Will McComb Drive                        | Tanner, AL 35671   |
| V.P.     | Shannon Claborn                   | Same   | Same               |
| V.P.     | Jeff Lee                          | Same   | Same               |
|          |                                   |  | B S 15/08          |
|          |                                   | REINSTATEMENT                                  | 05-08              |

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 contained in Chapter 119, 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:

Jeff Lee

Jeff Lee

5/13/08

(256) 355-2394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State  
Division of Corporations  
Public Access System

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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

**\*RE-SUBMIT\***

Please retain original filing date of submission 5/14

**CORPORATION REINSTATEMENT**  
**CORNERSTONE DETENTION PRODUCTS, INC.**

|                       |                       |
|-----------------------|-----------------------|
| Certificate of Status | 1                     |
| Certified Copy        | 0                     |
| Page Count            | 2 (3)                 |
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**\$608.75**

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