PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

| CORPORATION | |
|--------------|---|
| REINSTATEMEN | Ī |



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT# F | 99000004658 |
|-------------|-------------|
|-------------|-------------|

1. Corporation Name

Stone Legal Resources Group, Inc.

| 2. Principal Office Address 2300 Glades Rd Suite, Apt. #, etc. 306 E City & State Boca Raton, FL | | 3. Mailing Office Address 60 Harvard Mill Square Suite, Apt. #, etc. City & State Wakefield, MA | | | | | | |
|--|--|--|--|--|----------------------|---------|-----------|---------|
| | | | | | ^{Zip} 33431 | Country | Zip 01880 | Country |

02 MAY 14 PH 1:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

100005600651--2 -05/23/02--01071--019 ****300.00 ****300.00

| 4. Date Incorporated or Qualified To Do Business in Florida | 9/1999 | | |
|---|-----------------------|--|--|
| <u> </u> | | | |
| 5. FEI Number | Applied For | | |
| 04-2831942 | Not Applicable | | |
| | ditional Fee required | | |

| - 1 | | | | | | | ior a Certificate |
|-------------|-------------------|-------------------------------------|-------------------|------------------|----------|-------|-------------------|
| | | 7. Name | and Address of Cu | ırrent Registere | ed Agent | | |
| Name | СТ | Corporation | | | | | despt. |
| Street Add | Iress (P.O. Box N | umber is Not Acceptable) South Pine | Island | Road | | | |
| Suite, Apt. | #, Etc. | | | | | | |
| City | Pla | entation | | | | State | Zip Code |

| 8. | I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 61 | 7.0503 | , F.S. |
|----|---|--------|--------|
| | | , | ſ |

Signature of Registered Agent

Sum But li H

AMY BERTELETTI REGISTERED AGENT SECRETARY

| 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. | Jöseph L. Strong | 60 Harvard Mill Square | Wakefield, MA 01880 | | | |
| Treas. | Ronald Fuccillo | 60 Harvard Mill Square | Wakefield, MA 01880 | | | |
| Asst, Clerk | Michael N. Sheetz | Cla Garichus Hannah | Baston, MA 02110 | | | |
| Director | Joseph L. Strong | | Wakefield, MA 01880 | | | |
| Divector | Ronald Fuccillo | 60 Harvard Mill Square | Wakefield, MA 01880 | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD FUCCILLO

(781)213-1500 Daytime Phone #

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SELECT APPOINTMENTS NORTH AMERICA

April 22, 2002

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE: Reinstatement for Stone Legal Resources Group, Inc.

FEIN: 04-2831942

To Whom It May Concern,

We did not receive the annual report that was due on 9/9/01 and consequently missed our filing date. In lieu of this we would like to reinstate the license for Stone Legal Resources Group, Inc.

Please find a check in the amount of \$300.00 for payment of the 2001 and 2002 annual report fees.

If you have any questions, please feel free to contact me at (781) 213-1689.

Yours truly, Quane Purcell

Diane Purcell

Tax Accountant

Enc.