

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

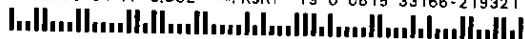
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000009849

Name and Mailing Address

0002699 01 FP 0.352 **PRST T9 0 0615 33166-219321



STONE VENTURES, L.L.C.
8321 NW 90TH ST.
MEDLEY FL 33166-2193



2. New Mailing Address

City, State, Zip

Principal Place of Business

8321 NW 90TH ST.
MEDLEY FL 33166

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/16/2000

6. FEI Number 90-0023671

~~APPLIED FOR~~

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

O'NAGHTEN, JUAN T
GRAND BAY PLAZA, SUITE 200
2665 S. BAYSHORE DRIVE
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| MGRM | VAN BREE, THOMAS W | 7790 SW 128TH ST. | PINECREST FL 33158 |
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REINSTATEMENT

TB

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

11/12/02

Daytime Phone # (305) 883-3277

Typed or printed name of signing Managing Member/Manager

Thomas W. Van Bree

CR2E084 (8/02)