

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

LO1000018018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

04 FEB 16 PM 1:53
12/26/04

1. DOCUMENT # L01000018018
Name and Mailing Address

0015392 01 MB 0.309 **AUTO T7 0 0615 08820-430614



HEARTSTONE DEVELOPERS, L.L.C.
C/O DOMINICK CACCAVELLA
14 ORCHID COURT
EDISON NJ 08820-4306



REINSTATEMENT 2003-2004

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 357 EL GRECO DR. OSPREY FL 34229		5. Date Organized or Qualified To Do Business in Florida 10/19/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 40-0002781	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent TRACY, DENNIS J ESQ. 229 PENSACOLA RD. VENICE FL 34285		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Dominick Caccavella* **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12/19/03

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	CACCAVELLA, DOMINICK	14 ORCHID COURT	EDISON NJ 08812
MGR	CASTELLANOS, LOUIS	320 WARRENVILLE ROAD	GREEN BROOK NJ 08812
MGR	LOCHIATTO, VITO	9 ORCHID COURT	EDISON NJ 08820

REINSTATEMENT 2003-2004

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02/16/04 01012 011 **200.00

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 *Dominick Caccavella* Date 12/19/03 Daytime Phone # 732-742-3752

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)