

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000012658

Name and Mailing Address

0012696 01 AT 0.292 **AUTO T6 0 0615 33467-416333

THE STONYWELL COMPANY LLC
4236 D'ESTE COURT, SUITE 108
LAKE WORTH FL 33467-4163

000025771950
12/26/03--01031--043 **155.00



2. New Mailing Address 4901 NW 17TH WAY, SUITE 605		4. State/Country of Formation FL / PALM BEACH	
City, State, Zip FORT LAUDERDALE, FL 33309		5. Date Organized or Qualified To Do Business in Florida 05/23/2002	
Principal Place of Business 4236 D'ESTE COURT, SUITE 108 LAKE WORTH FL 33467	3. New Principal Place of Business Address 4901 NW 17TH WAY, #605	6. FEI Number 27-0013559	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City, State, Zip Ft. LAUDERDALE, FL 33309		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent GLAZER, ROBERT M 4236 D'ESTE COURT, SUITE 108 LAKE WORTH FL 33467		9. Name and Address of New Registered Agent Name GLAZER, ROBERT M. Street Address (P.O. Box Number is Not Acceptable) 7160 MALLORCA CRESENT City BOCA RATON, FL 33433	
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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

SIGNATURE REQUIRED
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
MGR	ROBERT M. GLAZER	7160 MALLORCA CRESENT	BOCA RATON, FL 33433

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

SIGNATURE REQUIRED

Date

12/17/03

Daytime Phone #

954-267-9296

Typed or printed name of signing Managing Member/Manager

ROBERT M. GLAZER

CR2E084 (7/03)

REINSTATEMENT

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