

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
2011-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL -7 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000011739**

1. Limited Liability Company's Name

CORNERSTONE GROUP, LLC,

CR2E041 (1/14)

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

16950 N. BAY RD

Suite, Apt. #, etc.

#902

City & State

SUNNY ISLES, FL

Zip

33160

Country

US

3. Mailing Office Address

16950 N. BAY RD

Suite, Apt. #, etc.

#902

City & State

SUNNY ISLES, FL

Zip

33160

Country

US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

4-2-2003

6. FEI Number

412089532

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

Name

ROBERT GRESS

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

16950 N. BAY ROAD

Suite, Apt. #, Etc.

#902

City

SUNNY ISLES

State

FL

Zip Code

33160

100262117391
05/13/14--01028--005 **238.75

100262117391
07/08/14--01002--008 **8.75

100262117391
07/08/14--01002--010 **416.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	ROBERT GRESS	16950 N. BAY ROAD 902	SUNNY ISLES FL 33160

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Handwritten Signature]

Date

7/2/14

Daytime Phone #

954-548-9680

Typed or printed name of signing Authorized Representative/Manager