

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 JUL -7 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011-2014

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

REGISTERED AGENT MUST SIGN

Date

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
<b>MGR</b>	<b>ROBERT GRESS</b>	<b>16950 N. BAY ROAD 902</b>	<b>SUNNY ISLES FL 33160</b>

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

Date

**7/2/14**

Daytime Phone #

**954-548-9680**

Typed or printed name of signing Authorized Representative/Manager