PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

12/24/96
FILED
96 DEC 27 PM 12:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L26591

1. Corporation Name
BLUESTONE CORPORATION

Principal Place of Business	Mailing Address
3660 ST. AUGUSTINE RD. JACKSONVILLE FL 32207	3660 ST. AUGUSTINE RD. JACKSONVILLE FL 32207

95-96

REINSTATEMENT

DO NOT WRITE IN THIS SPACE ~~95~~ 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/30/1989

5. FEI Number: 59-2977517 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SASSER, JAMES C., JR.	~~1121 MORNENWOOD RD.~~ 1835 ARDEN WAY	JACKSONVILLE FL BEACH, 32250
VSD	SASSER, CECELIA J.	~~1121 MORNENWOOD RD.~~ 1835 ARDEN WAY	JACKSONVILLE FL BEACH 32250
			800002042138--6 -12/31/96--01055--007 ******8.75 ******8.75
			800002042138--6 -12/31/96--01055--006 ****575.00 ****575.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~SASSER, JAMES C., JR.~~ ~~1121 MORNENWOOD RD.~~ 1835 ARDEN WAY ~~JACKSONVILLE FL 32207~~ JACKSONVILLE BEACH FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: CECELIA J. SASSER VICE PRESIDENT
REGISTERED AGENT MUST SIGN

Date: 12/24/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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: CECELIA J. SASSER VICE PRESIDENT 12/24/96 (303) 652-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (6/95)

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