PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L48023

1. Corporation Name

STONEMACK CONSTRUCTION INC

Principal Place of Business	Mailing Address
2318 VAN BUREN ST HOLLYWOOD FLA 33020	

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

REINSTATEMENT 95-99

4. Date Incorporated or Qualified To Do Business in Florida: 2-8-90

5. FEI Number: 65-0192541 (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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/ D	ROBERT MACK R	2318 VAN BUREN ST	HOLLYWOOD FLA 33020

200002807822--6
-03/16/99--01048--018
***1000.00 ***1000.00

200002807822--6
-03/16/99--01048--019
****350.00 ****350.00

200002807822--6
-03/16/99--01048--020
******8.75 ******8.75

8. Name and Address of Current Registered Agent

Robert MACK
2318 VAN BUREN ST
HWD FL 33020

9. Name and Address of New Registered Agent

Name: ROBERT MACK
Street Address (P.O. Box Number is Not Acceptable): 2318 Van Buren Street
Suite, Apt. #, Etc.
City: Hollywood | State: FL | Zip Code: 33020

3-15-99

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: _____ REGISTERED AGENT MUST SIGN

Date: 3-11-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 607.0101 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ ROBERT MACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99
Date

954 921 0637
Daytime Phone #

CR2E081 (12/98)