

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 NOV 10 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L65489

1. Corporation Name

CORNER STONE PRODUCTS COMPANY, INC.

Principal Place of Business

Mailing Address

466 W SR 434  
120  
LONGWOOD FL 32750  
US

466 W SR 434  
120  
LONGWOOD FL 32750  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3005866

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	MULLIS, O. J.	982 BURLWOOD CT.	LONGWOOD FL

300024572133  
11/10/03--01098--018 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANISCALCO, DOUGLAS  
1400 W FAIRBANKS AVE.  
SUITE 203  
WINTER PARK FL 32789

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. or 617.0505, F.S.

Signature of  
Registered Agent

*O. J. Mullis*  
REGISTERED AGENT MUST SIGN

Date

11/6/03

11. 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., 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:

*O. J. Mullis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/03

Daytime Phone #

407-252-4203

CR2040 (7/03)

11/6/03

To whom this may concern  
For some reason I do not  
know why I never Received my  
1<sup>st</sup> or 2<sup>nd</sup> Notice on this Bill Being  
Due for My Inc. on Corner Stone Products  
Co Inc. If its all possible if  
you could please waive the Reinstatement  
fee would Be greatly appreciated Very Much.  
I'm Very Sorry this has happened and  
thank you for your concern in this  
matter. If you need to reach me  
you can call me on my cell 407-252-4203,  
This was the only Bill I received and  
called right away today on this.

Buddy Mullis  
Pres/Owner

cell - 252-4203



**CORNER STONE  
PRODUCTS CO., INC.**  
MANUFACTURERS OF PLUMBING PRODUCTS

**BUDDY MULLIS**  
President/Owner

466 W. State Rd. 434  
Suite 120  
Longwood, FL 32750

Office: (407) 834-3477  
FAX: (407) 834-7111

Cell - 407-252-4203