

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT - 4 AM 8:28

DOCUMENT # M03000002743

1. Limited Liability Company's Name

~~Stone Architect LLC~~

STONE ARCHITECTURE, LLC

2. Principal Office Address - No P.O. Box #
333 Hudson Street

3. Mailing Office Address
333 Hudson Street

Suite, Apt. #, etc.
Suite 304

Suite, Apt. #, etc.
Suite 304

City & State
New York, NY

City & State
New York, NY

Zip
10013

Country
U.S.

Zip
10013

Country
U.S.

4. State/Country of Formation
New York

5. Date Organized or Qualified
To Do Business in Florida 08/08/2003

6. FEI Number
90-0087314

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Camela L. Simpson, AUTHORIZED REPRESENTATIVE Date 09/25/2007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	B. Hicks Stone	333 Hudson Street, Suite 304	New York, NY 10013

REINSTATEMENT

2004 - 2007

BLT

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager B. Hicks Stone Date 09/25/2007 Daytime Phone # 212-645-0635

Typed or printed name of signing Managing Member/Manager B. Hicks Stone III