

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 30 PM 5:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **M89859**
 1. Corporation Name
DAVID STONE & ASSOC. INC.

Principal Place of Business	Mailing Address
1033 NW 184TH WAY PEMBROKE PINES FL 33029	1033 NW 184TH WAY PEMBROKE PINES FL 33029

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 07/15/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 69-2906272
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.75 Add Local 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	4. City / State / Zip
PVPT	STONE, DAVID E.	1033 NW 184TH WAT	PEMBROKE PINES FL 33029

8000133068508--7
 -12/13/99--01136--006
 ****758.75 ****758.75

REINSTATEMENT 99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STONE, DAVID E. 1033 NW 184TH WAY PEMBROKE PINES FL 33029-3632	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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: *David E. Stone* **PRESIDENT** Date: **11/22/99**
 REGISTERED AGENT MUST SIGN

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: *David E. Stone* **PRESIDENT.** Date: **11/22/99** Daytime Phone #: **(954) 451-9376**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (9/99)