

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -21 AM 8:01

DOCUMENT # **N09312**

1. Corporation Name
LIVING STONE FOUNDATION, INC.

Principal Place of Business
**212 BAY TREE BLVD
TAVARES FL 32778**

Mailing Address
**212 BAY TREE BLVD
TAVARES FL 32778**



REINSTATEMENT

02

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/15/1985	
City & State		City & State		5. FEI Number	
		3749 LAND LUBBER ST ORLANDO, FL		59-2551051	
Zip		Country		Applied For	
32812		ORANGE		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	4 City / State / Zip
DP	LYND, JOHN W. SR	212 BAY TREE BLVD	TAVARES FL 32778
DT	DASHER, ARTHUR	6316 MATCHETT ROAD	ORLANDO FL 32809
T	WARNER, JEFF	3749 LANDLUBBER PLACE	ORLANDO FL 32812
T	MORRIS, BILL	1706 E SEMORAN BLVD #110	APOPKA FL
T	VERNER, RAY	4656 34TH STREET SW	ORLANDO FL
T	BROWN, DONALD S	PO BOX 121400	CLERMONT FL 34712

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LYND, JOHN W. SR 212 BAY TREE BLVD TAVARES FL 32778		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt., #, Etc. City	
		3000008724703 11/27/02--01047--005--**175.00-- 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: *John W. Lynd Sr* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN

Date: **11/27/02--01052--001 **61.25**

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.

John W. Lynd Sr
SIGNATURE REQUIRED

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E040 (8/02)