PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

03 APR -8 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031316

400015635564
04/10/03--01014--001 **900.00

REINSTATEMENT 02-03

1. Corporation Name: Kelly Stone Inc

2. Principal Office Address	3. Mailing Office Address
1137 Silver Beach Rd	21250 SW 256 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Park FL	City & State: Homestead, FL
Zip: 33403 Country: Palm Beach	Zip: 33031 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: March 1999

5. FEI Number: 65-0996144 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Susan Kelly

400014519332
03/18/03--01040--026 **758.75

Street Address (P.O. Box Number is Not Acceptable): 21250 SW 256 Street

Suite, Apt. #, Etc.:

City: Homestead Florida State: FL Zip Code: 33031

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: March 8, 03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	James Kelly	21250 SW 256 St	Homestead FL 33031

10. 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 03 Date 561-841-5151 Daytime Phone #

JK 4/9