

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000071844

**1. Corporation Name**

Stone Industries, Inc.

**2. Principal Office Address**

10773 N.W. 58th Street

Suite, Apt. #, etc.

Suite #315

City & State

Miami, FL

Zip

33178

Country

USA

**3. Mailing Office Address**

10773 N.W. 58th Street

Suite, Apt. #, etc.

Suite #315

City & State

Miami, FL

Zip

33178

Country

USA

**REINSTATEMENT** 98-03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Florida

**5. FEI Number**

65-1037200

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

Mark J. Loterstein, Esq.

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

One Financial Plaza

Suite, Apt. #, Etc.

Suite 1600

City

Ft. Lauderdale

State  
**FL**

Zip Code  
33394

**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

*Mark J. Loterstein, Esq.*  
REGISTERED AGENT MUST SIGN

Date *March 6, 2003*

**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
D, P	Mark J. Loterstein	10773 N.W. 58th Street, Suite 315	Miami, FL 33178

**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:

*Mark J. Loterstein, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/6/03* (954) 524-6800

Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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