

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P0000095418

1. Corporation Name

MIRAGE STONE RESTORATIONS, INC.

Principal Place of Business

8598 SE OLEANDER ST
 HOBE SOUND FL 33455

Mailing Address

8598 SE OLEANDER ST
 HOBE SOUND FL 33455

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

30/09/2000

5. FEI Number

65-1048015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



2001 *[Signature]*

FILED
 01 OCT 15 AM 11:26
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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
PCEO	CHRISTENSEN, RICHARD N	8598 SE OLEANDER ST	HOBE SOUND FL 33455
V	CHRISTENSEN, HEIDI D	8598 SE OLEANDER ST	HOBE SOUND FL 33455

500004670785-2
 -11/07/01--01050--002
 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

CHRISTENSEN, RICHARD N
 8598 SE OLEANDER ST
 HOBE SOUND FL 33455

9. Name and Address of New Registered Agent

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

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10-11-01

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-01

Date Daytime Phone #

CR2E040 (8/01)