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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 AM 9:22

04

DOCUMENT # P00000095418

1. Corporation Name

Mirage Stone Restorations, Inc.

2. Principal Office Address

8598 SE Oleander Street

3. Mailing Office Address

8598 SE Oleander St

City & State

Hobe Sound, FL

City & State

Hobe Sound, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

Oct. 9 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

7. Name and Address of Current Registered Agent

Name

Richard Christensen

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

8598 SE Oleander Street

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

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

Richard Christensen
REGISTERED AGENT MUST SIGN

Date 11-1-04

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	Richard Christensen	8598 SE Oleander St.	Hobe Sound, FL 33455
V. Pres	Heidi Christensen	8598 SE Oleander St.	Hobe Sound, FL 33455

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11/17/04--01061--003 **158.75

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:

Heidi Christensen Heidi Christensen

11-1-4

(772)546-7347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/04

CR2E061 (01/04)

2/2

9/20/04

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

I would like a form sent via mail. I am hoping that I can get leniency on getting our Articles in late. Our business has been severely affected by the first two hurricanes that hit our state, Charley and then a direct hit by Frances. We had work scheduled in Fort Meyers and Charly hit there, postponing our one month scheduled work there, still not rescheduled. Then Frances hit us directly causing two week power outages and cancellation of more work, three weeks worth. We are starting to get calls for work and are trying to get back on track now. We had to get assistance from FEMA for money so we could eat and get gas.

I am hoping that we can get a waiver on having to pay any penalty fees as we have suffered financially to a great degree. We want to keep our company going any is imperative to us getting back to normalcy. Please let me know that we can still pay \$150.00 and keep our company going. Everything on our previous year Articles of Incorporation are the same.

Thanks for this consideration,

Heidi R. Christensen
Vice President,
Mirage Stone Restorations, Inc.

Heidi Christensen