



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000095418 1. Entity Name MIRAGE STONE RESTORATIONS, INC.						FILED 05 DEC 23 AM 10:04 STATE OF FLORIDA SECRETARY OF STATE					
Principal Place of Business 8598 SE OLEANDER ST HOBE SOUND, FL 33455				Mailing Address 8598 SE OLEANDER ST HOBE SOUND, FL 33455							
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country				09292005 REIN-P CR2E098 (6/04)			
4. FEI Number 65-1048015				Applied For <input type="checkbox"/> Not Applicable				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHRISTENSEN, RICHARD N 8598 SE OLEANDER ST HOBE SOUND, FL 33455						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Richard Christensen P.</u> DATE: <u>12-30-05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
FILE NOW!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE: P <input type="checkbox"/> Delete NAME: CHRISTENSEN, RICHARD STREET ADDRESS: 8598 SE OLEANDER ST CITY-ST-ZIP: HOBE SOUND, FL 33455						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:					
TITLE: V <input type="checkbox"/> Delete NAME: CHRISTENSEN, HEIDI STREET ADDRESS: 8598 SE OLEANDER ST CITY-ST-ZIP: HOBE SOUND, FL 33455						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:					
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:					
TITLE: <input checked="" type="checkbox"/> Delete NAME: <i>Richard Christensen</i> STREET ADDRESS: <i>8598 SE OLEANDER ST</i> CITY-ST-ZIP: <i>HOBE SOUND, FL 33455</i>						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 900062381189 STREET ADDRESS: 12/23/05--01047--020 CITY-ST-ZIP: **158.75					
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:					
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: <u>Heidi Christensen v.P Heidi Christensen</u> DATE: <u>9-30-05</u> DAYTIME PHONE #: <u>(772)546-7847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											