

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000095418

1. Entity Name  
MIRAGE STONE RESTORATIONS, INC.



07 APR 18 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06-07

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272007

REIN-P

CR2E098 (1/07)

4. FEI Number  
65-1048015

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*Richard Christensen* President

2-27-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CHRISTENSEN, RICHARD  
8598 SE OLEANDER ST  
HOBE SOUND, FL 33455 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CHRISTENSEN, HEIDI  
8598 SE OLEANDER ST  
HOBE SOUND, FL 33455 ☐ Delete

TITLE  
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100093261961  
04/30/07--01003--021 \*\*308.75 ☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Heidi Christensen* V.P.

2-27-7

PC/23