


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P0000095418</b> 1. Entity Name <b>MIRAGE STONE RESTORATIONS, INC.</b>	
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FILED

07 APR 18 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06-07

Principal Place of Business <b>8598 SE OLEANDER ST HOBE SOUND, FL 33455</b>	Mailing Address <b>8598 SE OLEANDER ST HOBE SOUND, FL 33455</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02272007 REIN-P CR2E098 (1/07)

4. FEI Number <b>65-1048015</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CHRISTENSEN, RICHARD N 8598 SE OLEANDER ST HOBE SOUND, FL 33455	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL Zip Code</span>

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 DATE 2-27-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> CHRISTENSEN, RICHARD 8598 SE OLEANDER ST HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  100093261961 04/30/07--01003--021 ***308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> CHRISTENSEN, HEIDI 8598 SE OLEANDER ST HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. DATE 2-27-7

JC/23