

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000095418**

1. Corporation Name

**MIRAGE STONE RESTORATIONS, INC.**

Principal Place of Business

Mailing Address

8598 SE OLEANDER ST  
HOBE SOUND FL 33455

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03



000025190490  
12/03/03--01034--014 \*\*158.75

4. Date Incorporated or Qualified To Do Business in Florida

10/09/2000

5. FEI Number

65-1048015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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  |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |

8. Name and Address of Current Registered Agent

9. 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)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Richard N. Christensen*

Date 11-25-03

REGISTERED AGENT MUST SIGN

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:

*Heidi Christensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-03

Date

772

Daytime Phone #

CR2E040 (7/03)

November 26, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it may concern:

We never received the prior two Uniform Business Reports. WE canceled our business box due to slow economy and trying to cut our expenses. Our phone is now ringing off the hook, please reinstate our corporate status without penalty.

Thanks so much,  
Richard N. Christensen  
Registered Agent and President

A handwritten signature in black ink that reads "Richard N. Christensen". The signature is written in a cursive style with a large initial "R".