PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000084345

1. Corporation Name

OCEAN STONE, INC.

Principal Place of Business

Mailing Address

4400 34TH STREET NORTH, UNIT F

4400 34TH STREET NORTH, UNIT F

FILED

03 OCT 24 AM 9: 05

SECRETARY OF STATE TALLAHASSEE. FLORIDA

THEMSTATEMENT	03

ST. PETERS	BURG FL 33714	URG FL 33714		REMSTATEMENT 03				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								-
2. New Principal Office Address, If Applicable 329 18 + NVE. 329 3 Suite, Apt. #, etc. Suite, Apt. # City & TERSBURB, FL ST. TE		ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/27/2001				
		June, Apr. 11	THE SALL OR EL		5. FEI Number Applied Fo. 59-3744673 Not Applied			
		City & State						
334	- le USA	3371	6 Count	SA	6. CERTIFICATE	OF STATUS DESIRED		tionat Fee required tificate of Status
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
D	GUZMAN, LUIS A	4400 34TH STREET NORTH, UNIT F			ST. PETERSBURG FL 33714			
D MARTINEZ, MAGDIEL			4400 34TH STREET NORTH, UNIT F			ST. PETERSBURG FL 33714		
					1 O 10/24/	DD2408 03-01023-0	1761 323 **15) , 90
	8. Name and Address of Current	Registered Age	ent	Name	9. Name and /	Address of New Regi	stered Agent	
GUZMAN, LUIS A 4400 34TH STREET NORTH, UNIT F ST. PETERSBURG FL 33714				Street Address (P.O. Rex Number is Not Acceptable) Suite, Apt. #, Etc. City Percentification State Zip Code FL 33 416				
10. I, being	appointed the registered agent of the abo	ove named corpo	oration, am familiar w	with and accept the ob	Diligations of Secti	on 607.0505, F.S. or 6	617.0505, F.S.	<u> </u>

Signature of Registered Agent

SISTERED 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0404 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



October 16, 2003

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

To Whom It May Concern,

I'm writing this letter to address the reason why we did not file our business report. As you can see we have changed the address of our facility and were doing so for the first part of the year. We did not completely move into our location until the 1st of April of 2003. Therefore I am trying to relay to you that we did not receive one of the UBR notices. If you will please be agreeable that we did not intentionally try to elude the Department we would greatly appreciate it. We are sending with this letter the amount for the reinstatement without penalty fee. Please notify us if there are any other fees that need to be paid.

Thank you for your cooperation in this matter.

Sincerely

Luis A. Guzman Director