

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 MAR 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/24/08--01007--003 **1200.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000103019

1. Corporation Name

STILLWATERS HOLDINGS, INC.

2. Principal Office Address - No P.O. Box # 11841 Tara Drive Suite, Apt. #, etc.		3. Mailing Office Address 11841 Tara Drive Suite, Apt. #, etc.	
City & State Plantation, Florida		City & State Plantation, Florida	
Zip 33325	Country USA	Zip 33325	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/24/2001

5. FEI Number 65-1147217 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ryan Pinder

Street Address (P.O. Box Number is Not Acceptable)
11841 Tara Drive

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33325

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 3/21/2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ryan Pinder	11841 Tara Drive	Plantation, Florida 33325
VP	Blaine Pinder	11841 Tara Drive	Plantation, Florida 33325

REINSTATEMENT

RH

10. 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 contained in Chapter 119, 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: [Signature] Ryan Pinder Date 3/21/2008 954 423 1108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #