

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 # P01000104253

1. Corporation Name

BLUESTONE, ADAM & CROSS, INC.

Principal Place of Business

4650 SW 51ST ST. SUITE 709  
DAVIE FL 33314

Mailing Address

4650 SW 51ST ST. SUITE 709  
DAVIE FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3856 S.W. 30th Ave  
Suite, Apt. #, etc. Ste 109  
City & State Ft. Lauderdale, FL

3. New Mailing Office Address, If Applicable

3856 S.W. 30th Ave  
Suite, Apt. #, etc. Ste 109  
City & State Ft. Lauderdale, FL

Zip

33312

Country

Zip

33312

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/17/2001

5. FEI Number

65-1150663

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LOPEZ, WILLIAM	4650 SW 51ST ST, SUITE 709 3856 S.W. 30th Ave.	DAVIE FL 33314 Ft. Lauderdale FL 33312
			400023971604 10/21/03--01072--026 **\$8.75
			400023971604 10/21/03--01072--025 **\$50.00

8. Name and Address of Current Registered Agent

LOPEZ, WILLIAM  
4650 SW 51ST ST, SUITE 709  
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name William Lopez  
Street Address (P.O. Box Number is Not Acceptable)  
3856 S.W. 30th Ave  
Suite, Apt. #, Etc. 109  
City Ft. Lauderdale State FL Zip Code 33312

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

*William Lopez*  
REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03 954-583-6577

CR2E040 (7/03)