

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104764

1. Corporation Name

STONE AGE DESIGNS - ORLANDO, INC.

Principal Place of Business

935 N. ORANGE AVE.
WINTER PARK FL 32789

Mailing Address

935 N. ORANGE AVE.
WINTER PARK FL 32789

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

2. New Principal Office Address, If Applicable

935 N. Orange Ave

Suite, Apt. #, etc.

Suite A

City & State

Winter Park FL

Zip

32789

Country

USA

3. New Mailing Office Address, If Applicable

935 N. Orange Ave.

Suite, Apt. #, etc.

Suite A.

City & State

Winter Park FL

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2001

5. FEI Number

59-3757364

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
D	FRANCOIS, THIERRY	935 N. ORANGE AVE.	WINTER PARK FL 32789
D	FRANCOIS, SHANNON	935 N. ORANGE AVE.	WINTER PARK FL 32789

200008700532
10/30/02--01075--006 **150.00

8. Name and Address of Current Registered Agent

WAYSENSON, ELISA
935 N. ORANGE AVE.
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

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

Elisa Wayenson
REGISTERED AGENT MUST SIGN

Date

10/29/02

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
SHANNON FRANCOIS, THIERRY FRANCOIS 10/29/02 770-805-0421

Date

Daytime Phone #

CR2E040 (802)

October 29, 2002

Stone Age Designs - Orlando, Inc.
935 N. Orange Ave. Suite A
Winter Park, FL 32789

Document # P01000104764

To Whom It May Concern:

We received a notice of administrative dissolution or revocation in the mail and it is the first form that we have received. I called the number on the form and a lady told me that we should have received 2 other notices before this one. Prior to this notice I haven't seen anything relating to this matter. Perhaps we never received it because we are in suite A and that is not on the form. There are 5 tenants in this building and the post office is pretty bad about getting all of our mail to us.

I am sending this form with a check in the amount of \$150.00. Thank you for accepting this because I never received anything from your office before this form.

Please contact me at 770-805-0421, by mail, or email (francois@smyrnacable.net) if you have any other issues or questions.

A handwritten signature in cursive script, appearing to read "Shannon François".

Shannon François