FOR PROFIT CORPORATION FILED UNIFORM BUSINESS REPORT (UBR) 03 DEC -9 AM 8: 37 **DOCUMENT#** 1. Entity Name CORNERSTONE SECRETARY OF STATE TALLAHASSEF, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address
5665 Boylor Road Principal Place of Business
665 BAY IOR Suite, Apt. #, etc. Suite, Apt. #, etc. Venice City & State Applied For FLorida Florida enice Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34293 7. Name and Address of Current Registered Agent Preusett DO NOT WRITE IN THIS SPACE of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose the obligations of registered agent. 17)26/03 January 1 - May 1 Fee is \$150.00 After May 1; Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS President, Treasury, Secretary TITLE CR2E034B (12/ rancis A Macomber III 1665 Baylor Road Enice, Florida 34293 NAME MARAE STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY ST-ZIP Vice President, Director ShanE R Dickenson UTIB Sour Lockwood Ridge Road TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP. Sarasota, FL 34231 THEE inte 🛶 👡 MAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST (ZIP CHTY-ST-ZIP TITLE mie 🖫 🐺 IN THIS SPACE NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE 1 NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Inte NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliermental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other by empowered.

STREET ADDRESS

CITY ST ZIP

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CHY-ST-2IP

11/26/03

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	
DOCUMENT #  1. Corporation Name		
CORNERSTONE Flooring & Tile, Inc.		,
5665 Baylor Road 3	3. Mailing Office Address 5665 Baylon Road Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State Coloreda	Sity & State Venice Florida	To Do Business in Florida 5. 28 - 700 2  5. FEI Number   Applied For   Not Applicable
	71p Country 34293 U.S. A.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registers	ed Agent
Name Daniel L Prewett Ph.D.  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City L State Zip Code		
Jar asota		FL   391233
8. I, being appointed the registered agent of the above named conforation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Date 11/26 b 3  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or	Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.T.S Francis A Macomil VP.D Shane R Dicken	ben II 5665 Baylor	Road Venice, FL 34293
VP, D Shane R Dickens	SON 6718 So. Lock	wood Ridge Rd Sarasalm Fl 3428/
		,
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 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 #



## Cornerstone Flooring & Tile, Inc. 5665 Baylor Road Venice, Florida 34293

November 25, 2003

Division of Corporations Uniform business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: Cornerstone Flooring & Tile, Inc. UBR

## Dear Sir or Madam:

Please find enclosed payment for the original UBR fee of \$150.00. We never received the notice of UBR filing and were not aware of yearly filing fees. Our company moved and the mailing address and business location has changed, therefore we never received. Please find the new updated information is enclosed. We respectfully request the penalty charges be waived and request to be re-instated. We sincerely appreciate your understanding in the above circumstance.

Sincerely,

Laucis y Macompet III coring & Tile, Inc. UBR

Foldow 1500 Tally hasses, FL 02002-1500