
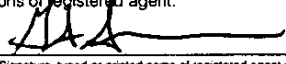



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT #</b> P02000073687 <b>1. Entity Name</b> The Flagstone Group Inc.			
<b>Principal Place of Business</b> 10920 BAYMEADOWS ROAD SUITE 27 BOX 143 JACKSONVILLE, FL 32256		<b>Mailing Address</b> 10920 BAYMEADOWS ROAD SUITE 27, BOX 143 JACKSONVILLE, FL 32256	
<b>2. Principal Place of Business</b> 8552 Baymeadows Rd		<b>3. Mailing Address</b> 8552 Baymeadows Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Jacksonville FL		<b>City &amp; State</b> Jacksonville FL	
<b>Zip</b> 32256		<b>Country</b> USA	
<b>4. FEI Number</b> 22-3858255		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> Glenn Amerson 421 East Woodhaven Dr. Ponte Vedra, FL 32082		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>8.</b> The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
<b>SIGNATURE</b> 		<b>12-12-05</b> DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete Glenn Amerson 421 East Woodhaven Dr. Ponte Vedra FL 32082		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete Krisman Krieger 550 Lake Rd. Ponte Vedra Beach FL 32082		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete Kurt Krieger P.O. Box 465 Emigsville PA 17318		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete Clyde Combs Jr. 499 Cinnamon Dr. Satellite Beach, FL 32937		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12.</b> I hereby 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> 		<b>Glenn A. Amerson</b> 12-12-05 9047391022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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