

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 26 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000074397**

1. Corporation Name

STONE MASTER of NORTH FLORIDA, INC.

2. Principal Office Address

4972 WOODVILLE HWY

Suite, Apt. #, etc.

UNIT A & B

City & State

TALLAHASSEE

Zip

32305

Country

USA

3. Mailing Office Address

4972 WOODVILLE HWY

Suite, Apt. #, etc.

UNIT A & B

City & State

TALLAHASSEE FL

Zip

32305

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2002

5. FEI Number

04-3699544

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

PAUL M. EAKIN

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

559 ATLANTIC BOULEVARD

Suite, Apt. #, Etc.

SUITE 4

City

ATLANTIC BEACH

State
FL

Zip Code

32233

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]

REGISTERED AGENT MUST SIGN

Date

5-24-04

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
SND	DALE E. NEWTON	6194 PROCTOR RD.	TALLAHASSEE, FL. 32309
PTD	JERRY EDENFIELD	1701 CHANDLER CIR. E.	JACKSONVILLE, FL. 32225

REINSTATEMENT

03/04

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05/26/04--01027--024 **308.75

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

[Signature]

5/26/04

Date

216-1025

Daytime Phone #

CR2E081 (01/04)

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Stone Master of North Florida, Inc.

4972-A Woodville Highway

Tallahassee, FL. 32311

Ph: 850-216-1025

Fx: 850-216-1065

May 26, 2004

Florida Department of State
Divisions of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

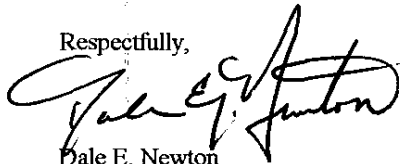
To Whom it May Concern,

It was recently brought to our attention that our corporation has been listed as inactive in your files since we opened in 2002. The notification that you send out annually was never received by our office as it was sent out the last two years to the wrong address and apparently returned to your office.

Our attorney Paul Eakin also our "Current Registered Agent", contacted your office and discussed the situation and he was advised that we would only be charged \$300.00 to be reinstated. He then advised me to draft this cover letter explaining what had transpired and then informed me to contact your office personally.

Thank you for your attention to this matter.

Respectfully,



Dale E. Newton
Stone Master of North Florida, Inc.

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