

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 11:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000102141

1. Corporation Name

KEYSTONE FACTORY, INC.

Principal Place of Business

Mailing Address

1717 NORTH BAYSHORE DRIVE UNIT 1031
MIAMI FL 33132

1717 NORTH BAYSHORE DRIVE UNIT 1031
MIAMI FL 33132



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

68-0526954

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

09/19/2002

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARTINEZ, AMAURY	1717 NORTH BAYSHORE DRIVE UNIT 1	MIAMI FL 33132
D	GRAHAM, GEORGE JR	1717 NORTH BAYSHORE DRIVE UNIT 1	MIAMI FL 33132

300024706383
11/14/03--01047--006 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, AMAURY
1717 NORTH BAYSHORE DRIVE UNIT 1031
MIAMI FL 33132

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

REGISTERED AGENT MUST SIGN

Date 11/04/03

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:

GEORGE GRAHAM JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/03

Date

Daytime Phone #

CR2040 (7/03)