

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 PM 11:06

DOCUMENT # P02000112528

1. Corporation Name

STONEVIEW PRODUCTS, INC.

Principal Place of Business

2425 WEST 3RD COURT
HIALEAH FL 33010

Mailing Address

2425 WEST 3RD COURT
HIALEAH FL 33010



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3887641

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	HERNANDEZ, CARLOS	2425 WEST 3RD COURT	HIALEAH FL 33010

100024765041
11/17/03--01105--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, CARLOS -
2425 WEST 3RD COURT
HIALEAH FL 33010

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

2/2

STONEVIEW PRODUCTS, INC

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Fl 32314

RE:Stoneview Products,Inc.
Doc# P02000112528



November 12, 2003

Ladies and Gentlemen:

The above referenced corporation was formed and incorporated in October of 2002. Subsequent to the incorporation of this entity we never received any further Correspondence until now, October 2003. We do not know if the fact that the Incorporation was filed late during the year has something to do with the fact that we Never received the Uniform Business Report.

Since the Uniform Business Report was never received we were not aware of the Need to file. We are enclosing the form to reinstate this corporation to active status and A check in the amount of \$ 150.00. We respectfully request that the reinstatement fee Be waived due to the circumstances explained. We appreciate your assistance in this matter.

Sincerely,

Carlos Hernandez, President