PLÉASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		Secretary	MENT OF STATE of State or porations	01	9 DEC 30 PH 1:17
DOCUMENT # P02000122069 1. Corporation Name				GERMANNE UN STATE GERMASSEE, FLORIDA	
Cornerstone Development Acquisitions, Inc., a Florida corporation				12/3	00164049187 0/0901018001 **750.00
		Office Address Ommons Drive East			CR2E081 (11/09)
Suite, Apt. #, etc. Suite, Apt. #,		etc		4. Date Incom	porated or Qualified
City & State City & State Coty & State Destin, Florida Destin		Florida		To Do Business in Florida 11/15/2002 5. FEI Number	
Zip Country 32541 USA	^{Z_{ip}} 32541		Country USA	6. CERTIFICATE OF STATUS DESIRED Z \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Addres Name Davage J. Runnels, III Street Address (P.O. Box Number is Not Accepta 4399 Commons Drive East Suite, Apt. #, Etc. 300 City Destin	State Zip Code 32541		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registered agent of the above named consoration, am familiar with and accept the obligations of section 607 0505 or 617.0503, F S Signature of Registered Agent REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Flor Titles Name of			Street Address of Each		City / State / Zip
DP Davage J. Runnels, Jr.		4342 Carriage Lane			Destin, Florida 32541
DV John A. McNeil, Jr.		4502 Olde Plantation Place			
					2809
			RI	EINS	TATEMENT
10. E-mail Address: djrunnels@hrhlawfirm.com					
To be used for future annual report notification) 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 filling 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. I further certify, 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 SIGNATURE Daytime Phone #					