

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 28 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000034404**

1. Corporation Name

Stone Century INC.

W06006050326

2. Principal Office Address

2456 S. Conway Rd

3. Mailing Office Address

2456 S. Conway Rd

Suite, Apt. #, etc.

Apt 84

Suite, Apt. #, etc.

Apt 84

City & State

Orlando

City & State

Orlando

Zip

32812

Country

Orange

Zip

32812

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/04

5. FFL Number

57-1204013

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

Jevgeni Jermisko

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

2456 S. Conway Rd.

Suite, Apt. #, Etc.

Apt 84

City

Orlando

State

FL

Zip Code

32812

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

REGISTERED AGENT MUST SIGN

Date 11/03/06

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
P	Jevgeni Jermisko	2456 S. Conway Rd	Orlando, FL / 32812

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 contained in Chapter 119, 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

11/03/06

Date

321-960-3130

Daytime Phone #

2 of 2

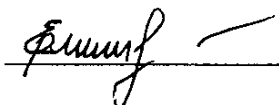
To Whom It May Concern,

I am Jevgeni Jermisko would like to request a reinstatement fee to be waived due to never receiving the 2004 - 2005 annual report notice. I have moved from my old address and have never had a chance to check my mail there.

Thank you for your attention,

Sincerely,

Jevgeni Jermisko



December 12th, 2006

Concerning Document #: P04000034404
