

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV 15 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000070428

**1. Corporation Name**

STONEWALL II, INC.

**2. Principal Office Address**

13584 49th Street N.

Suite, Apt. #, etc.

Unit #14

City & State

Clearwater, FL

Zip

33762

Country

US

**3. Mailing Office Address**

P.O. Box 56450

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33732

Country

US

REINSTATEMENT 05

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

April 30, 2004

**5. FEI Number**

20-1064884

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

Thomas J. Fredericks

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

13584 49th Street N.

Suite, Apt. #, Etc.

Unit #14

City

Clearwater

State  
FL

Zip Code  
33762

**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 10/ /05

**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
PSD	Fredericks, Thomas J.	13584 49th Street N.	Clearwater, FL 33762

*[Signature]*

10/07/05 01046 005 \$550.00  
800061435338  
11/15/05--01028--003 \*\*\*208.75

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Thomas J. Fredericks, Pres.

11/ /05  
Date

727-299-9303  
Daytime Phone #