

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000119615 1. Entity Name CORNERSTONE CONTRACTORS AND DESIGN GROUP, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 DEC 21 AM 9:49	
Principal Place of Business 3992 10TH AVENUE NORTH LAKE WORTH, FL 33461				Mailing Address 3992 10TH AVENUE NORTH LAKE WORTH, FL 33461			
2. Principal Place of Business 2501 Westgate Ave				3. Mailing Address P.O. Box 17247			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State West Palm Beach FL				City & State West Palm Beach FL			
Zip 33409		Country U.S.		4. FEI Number		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				12162005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Corey Br. H. Street Address (P.O. Box Number is Not Acceptable) 4771 ORLEANS CT #B City West Palm Beach FL Zip Code FL			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Corey Br. H. DATE 12/16/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRITTON, COREY D 3992 10TH AVENUE NORTH LAKE WORTH, FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300062327319 12/21/05--01034--006 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ARCE, EDUARDO 3992 10TH AVENUE NORTH LAKE WORTH, FL 33461			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SAWANDA BRITTON 4771 ORLEANS CT #B WEST PALM BEACH FL 33415		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Corey Br. H.				Date 12/15/05			