

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAY 11 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000064438

1. Corporation Name

HART STONEWORKS, INC.

2. Principal Office Address - No P.O. Box #

836 S. Black Cherry Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32259

Country

USA

3. Mailing Office Address

14286-19 Beach Blvd.

Suite, Apt. #, etc.

#132

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

600180871896
05/11/10--01005--019 **608.75

REINSTATEMENT

D7-10

4. Date Incorporated or Qualified To Do Business in Florida

May 1, 2005

5. FEI Number

20-277 1622

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 Timothy H Nullet

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

836 S. Black Cherry Dr.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

PROFIT CORPORATIONS ONLY

The \$600.00 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 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 May 5, 2010

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	Timothy H Nullet	836 S. Black Cherry Dr.	Jacksonville, FL 32259

10. E-mail Address: hartstoneworksinc@live.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 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. 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: Timothy H Nullet

May 5, 2010 904 534-4611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #