

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 MAR -8 AM 8:29

DOCUMENT # P 05000070853

1. Corporation Name

X STONE INC.

300093254543
03/16/07--01015--013 **1050.00

REINSTATEMENT

06-07

CR2E081 (8/05)

2. Principal Office Address

7750 W. 26 aVE.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Zip

33016

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3170899

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

Giovanny Visbal

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

4975 SW. 127 Waysuite

Suite, Apt. #, Etc.

Suite 6

City

Miramar

State

FL

Zip Code

33027

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

Giovanny Visbal

Date 2- 8-07

REGISTERED AGENT MUST SIGN

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
D/P	Visbal , Giovanny	4975 SW.127Waysuite # 6	Miramar, Fl. 33027

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:

Giovanny Visbal

2- 8-07

305-887 4185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #