

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 DEC 21 A 10: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400163894014  
12/22/09--01033--014 \*\*450.00  
CR2E081 (11/09)

DOCUMENT # P05000157560

1. Corporation Name

SKL STONEX

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

11708 COUNTRY CLUB PL  
Suite, Apt. #, etc.

3. Mailing Office Address

11708 COUNTRY CLUB PL  
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33612

Country

HILLS

Zip

33612

Country

HILLS

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/06

5. FEI Number

020763469

☐ 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

STEVEN L LOPEZ

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

11708 COUNTRY CLUB PL

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

☒ The 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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 12-9-09

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
<u>Pres</u>	<u>STEVEN L LOPEZ</u>	<u>11708 COUNTRY CLUB PL</u>	<u>TPA FL 33612</u>

**REINSTATEMENT**  
07-09

10. E-mail Address: SKL STONEX @ HOTMAIL . 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-9-09

Daytime Phone #

813 833 9435