

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 31 AM 9:49

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P07000066289

1. Corporation Name

STONE AGE SERVICES, INC.

08-10

REINSTATEMENT

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

2703 23rd SW

Suite, Apt. #, etc.

City & State

LEHIGH ACRES

Zip

FL

Country

33971

3. Mailing Office Address

4901 MARTIN LUTHER KING BLVD

Suite, Apt. #, etc.

14

City & State

FORT MYERS

Zip

FL

Country

33905

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2007

5. FEI Number

26-0306880

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

METRO BUSINESS AGENCY INC

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

4460 CLEVELAND AVE

Suite, Apt. #, Etc.

E

City

FORT MYERS

State

FL

Zip Code

33912

☒ 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

REGISTERED AGENT MUST SIGN

Date **03/29/2010**

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	MARCELO ZAUPA	4901 MARTIN LUTHER KING BLVD # 14	FORT MYERS, FL 33905
			M. MILLIGAN EXAMINER
			APR 2 2010

10. E-mail Address: **KOMBI66@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

03/29/2010

Date

Daytime Phone #