

APPROVED
AND
FILED

1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY -2 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038361

1. Corporation Name BARRY STONE, INC.

600074338286
05/10/06--01022--017 **300.00

REINSTATEMENT

05-06

CR2E081 (12/05)

2. Principal Office Address 7050 W. PALMETTO PK RD.

Suite, Apt. #, etc.

27

City & State
BOCA RATON, FL.

Zip
33433

Country

3. Mailing Office Address 7050 W. PALMETTO PK RD.

Suite, Apt. #, etc.

27

City & State
BOCA RATON, FL.

Zip
33433

Country

4. Date Incorporated or Qualified
To Do Business in Florida 5/20/93

5. FEI Number
65-0415393

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
BARRY L. STONE

Street Address (P.O. Box Number is Not Acceptable)
2998 SOUTH FEDERAL HWY.

Suite, Apt. #, Etc.

City
DELRAY BEACH

State
FL

Zip Code
33483

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]

Date 4/24/06

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
P	BARRY STONE	2998 South Federal Hwy.	DELRAY BEACH, FL. 33483

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 contained in Chapter 119, 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 5613687032
Date Daytime Phone #

5/8 aw

APRIL 24, 2006

BARRY STONE, INC
DBA GARDEN SHOPS LIQUORS
7050 WEST PALMETTO PARK ROAD
SUITE # 27 FEI # 65-0415393
BOCA RATON, FL. 33433
TELEPHONE 561 368-7032

DEPARTMENT OF STATE DIVISION OF CORPORATIONS:

I DID NOT RECEIVE MY ANNUAL REPORT NOTICES
AND WHEN I CALLED, WAS TOLD THE BUSINESS DISSOLVED
AS OF 2005. THAT IS WHY I AM WRITING THIS LETTER TO
HAVE MY CORPORATION CONTINUE.

I APPRECIATE YOU WAIVING THE \$400.00 AND
WILL ENCLOSE A CHECK FOR \$150.00 FOR 2005 AND ANOTHER
\$150.00 FOR 2006.

Thank you-

Sincerely,

Barry Stone