

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -5 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057187

1. Corporation Name

THE THREE STONES OF SOUTH FLORIDA, INC.

2. Principal Office Address

10155 Collins Ave. #1408

3. Mailing Office Address

2 Westmount Square #1503

Suite, Apt. #, etc.
Apt. 1408

Suite, Apt. #, etc.
Suite 1503

City & State

Bal Harbour, FL

City & State

Montreal Canada

Zip

33154

Country

USA

Zip

H3Z 2S4

Country

Canada

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/16/1993

5. FEI Number

650431933

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

Valdes-Fauli Corporate Services, Inc.

600003661466-1

-02/08/01--01043--003

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

777 South Flagler Drive

****300.00 ****300.00

Suite, Apt. #, Etc.

Suite 500E

REINSTATEMENT 00-01178

City

West Palm Beach

State

FL

Zip Code

33401

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**

Michael V. Thutworpe v.p.

Date 1-16-01

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	Sandra Silverstone	2 Westmount Square #1503	Montreal Canada H3Z 2S4
D S T	Stanley Silverstone	2 Westmount Square #1503	Montreal Canada H3Z 2S4

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley Silverstone, Secretary

Sandra Silverstone, President

Date

2-1-01

514-636-7622

Daytime Phone #

CR2E081 (9/00)