

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL -5 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077824**

1. Corporation Name

MANTLES 'N STONES, INC.

700004488337--6

-07/20/01--01102--025

*****1058.75 ***1058.75**

2. Principal Office Address

6441 WELLINGTON DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1525

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

USA

City & State

WINDERMERE, FL

Zip

34786

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

NOVEMBER 5, 1993

5. FEI Number

59-3226763

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

Anthony E. TATTERSFIELD

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

6441 WELLINGTON DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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 **5-17-2001**

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 CEO	Anthony Tattersfield	6441 WELLINGTON DR	ORLANDO, FL 32819
D PRES.	PETER P. TATTERSFIELD	1855 GRIFFIN RD A-262	DANIA, FL 33004

REINSTATEMENT

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

17 May 01 407 351-7787

Daytime Phone #

CR2E081 (9/00)