

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 APR -9 PM 12:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000053952

1. Corporation Name

PETER STONE CO., U.S.A., INC.

Principal Place of Business

Mailing Address

222 LAKEVIEW AVENUE SUITE 160-231 W PALM BEACH FL 33401 US

P.O. BOX 388 SHOWELL MD 21062 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07/18/1994

City & State

City & State

5. FEI Number

65-0507528

Applied For

Not Applicable

Zip

Country

Zip

Country

19975 USA

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KOSLOWSKI, PETER	6/495-7 6/278-9 BANGNA TRAD ROAD	BANGKOK TH 10260
<del>V</del>	<del>STEPHENS, GEORGE</del>	<del>0404 NORTH RUMBERLAND DRIVE</del>	<del>DELMAR MD 21675</del>
✓	COHEN, CHARLES	12504 FLEETWAY DRIVE	OCEAN CITY, MO 21842

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LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDONALD, MARSHALL III 224 DATURA STREET SUITE 611 WEST PALM BEACH FL 33401

Name CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 E. 6TH AVE. Suite, Apt. #, Etc. City TALLAHASSEE, State FL Zip Code 32303

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/6/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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:

X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES R. COHEN

3/12/01

Date

302-436-0200

410-641-8787

Daytime Phone#

CR25040 (8/00)