PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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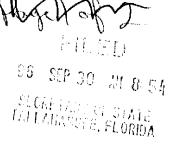


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1. Corporation Name

SIGNATURE:

CORNERSTONE CONNECTION OF THE TREASURE COAST, NC.



Principal Place 8257 SOUTH L PORT ST LUC	U\$ # 1	Mailing Address 8257 SOUTH US #1 PORT ST LUCIE FL 34952						
2 New Princip 8 3 4 Suite, Apt #, c City & State (Port St. Jucie, Fl	Suito, Apt. #, etc. 834 City & State Port St Zip 34953	South USI Jucie Fl Sountry St. Jucie	5. FEI Number 65-0 6. CERTIFICATE	0638114	/16/1995 Applied For Not Applicable Additional Fee required or a Certificate of Status		
Title(s)	d Street Addresses of Each Officer and/ Name of Officers and/or Directors	1	Street Address of Each Officer and/or Director IOT Use Post Office Box N	<u></u>	City / Sta	ate / Zip		
D E	BISHOP, CONNIE	8257 SOUT	TH US #1		PORT ST LUCIE FL 349	52		
				oo Col	-10/15/960 ****225.00 P/R. mwB mut wave	1231-009 ****225.00 10 15 56		
	8. Name and Address of Current I CONNIE OUTH US #1 I LUCIE FL 34952	Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable)					
Signature of Registered Agr	s this corporation pay at. of Revenue under S.	GISTERED GENT MUSTON	illiar with and accept the of	oligations of Section	Date 9/96/	96 e for information igible tax.)		
this reinsta owed by th	at I am an officer or director or the receivatement application, the reason for dissoner or opportunity and accurate and my side	ilution has been eliminated, the names of individuats fisted on t	e corporate name satisfies this form do not qualify for	the requirements an exemption und	of section 607,0401 or 617.04	101, F.S., that all fees		

PORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR