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FAX AUDIT NO.: H05000076387 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 30 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000002077

1. Corporation Name
Cornerstone Golden, Inc.

Handwritten initials

REINSTATEMENT 03-05

2. Principal Office Address 2121 Ponce de Leon Blvd.		3. Mailing Office Address 2121 Ponce de Leon Blvd.	
Suite, Apt. #, etc. PH		Suite, Apt. #, etc. PH	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134	Country US	Zip 33134	Country US
4. Date incorporated or Qualified To Do Business in Florida 01/08/1997			
5. FEI Number 65-0938334		Applied For Not Applicable	
6. CERTIFICATE OF STATUS OBTAINED <input checked="" type="checkbox"/> \$875 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent

Name
Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)
100 Southeast 2nd Street

Suite, Apt. #, Etc.
Suite 2900

City
Miami

State
FL

Zip Code
33181

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent *Charles J. Rennert* Charles J. Rennert, VP Date 3/28/05

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Stuart J. Meyers	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134
D	Jorge Lopez	2121 Ponce de Leon Blvd., PH	Coral Gables, Florida 33134

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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: *Jorge Lopez* Jorge Lopez, Director 3/25/05 (305) 443-8288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1282

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : Berman Rennert Vogel & Mandler, PA
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

CORPORATION REINSTATEMENT

CORNERSTONE GOLDEN, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75