

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P97000051152

00 NOV 20 AM 10:16

1. Corporation Name

STONEMASTER OF SOUTH FLORIDA, INC.

Principal Place of Business

5690 NW 74TH PLACE #303  
COCONUT CREEK FL 33073

Mailing Address

5690 NW 74TH PLACE #303  
COCONUT CREEK FL 33073



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0757126

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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	BALDETTI, PETER	5690 N.W. 74TH PLACE, #303	COCONUT CREEK FL 33073

4000003491464-4  
-12/08/00--01027--019  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALDETTI, PETER J  
5690 NW 74TH PLACE #303  
COCONUT CREEK FL 33073

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-12

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STONEMASTER OF SOUTH FLORIDA, INC.  
4383 SW 10TH PLACE #204  
DEERFIELD BEACH, FLORIDA 33442

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P97-  
51153

November 3, 2000

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

RE: Stonemaster of South Florida, Inc.  
Document # P97000051153

Dear Sirs:

We are currently in receipt of your reinstatement notice for the above corporation. Please be advised that this is the first notice we received from your office.

Enclosed, please find payment in the amount of \$150.00, which covers the initial report fee.

Thank you for your consideration in this matter.

Sincerely,

  
Peter J. Baldetti  
President