FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAR -3 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 0203

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051153

800013632198
03/06/03--01060--001 **300.00

1. Corporation Name
Stonemaster of South Florida Inc

2. Principal Office Address
690 NW 39th Ave
Suite, Apt. #, etc.
City & State
Deerfield Bch Fla 33442
Country
33442 USA

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
650757126
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
Peter Baldetti
Street Address (P.O. Box Numbers Are Not Acceptable)
690 NW 39th Ave
Suite, Apt. #
City
Deerfield Bch
State
FL
Zip Code
Fla 33442

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 2.26.03

CR2E061 (10/02)

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
Pres	Peter Baldetti	690 NW 39th Ave	Deerfield Bch, Fla 33442

10. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2.25.03 (954) 234-2661
Date Daytime Phone #

JT 3/4