

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN -2 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056215

1. Corporation Name
CORNER STONE DESIGN GROUP, INC

REINSTATEMENT

13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
11911 S. CURLEY ST.

3. Mailing Office Address
11911 S. CURLEY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

SUITE 4

City & State

City & State

SAN ANTONIO, FLORIDA

SAN ANTONIO, FLORIDA

Zip Country

Zip Country

33576

33576 USA

4. Date Incorporated or Qualified
To Do Business in Florida **6-26-97**

5. FEI Number
59-3454319

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
EDWARD P. TAFELSKI

Street Address (P.O. Box Number is Not Acceptable)
11911 S. CURLEY STREET

Suite, Apt. #, Etc.

SUITE 4

City

SAN ANTONIO, FL

State

FL

Zip Code

33576

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Edward P. Tafelski**
REGISTERED AGENT MUST SIGN

Date **12-31-13**

800255167198
01/02/14--01012--016 **750.00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	EDWARD P. TAFELSKI	6393 PINE RIDGE DR.	BROOKSVILLE, FL 34602
VICE PRES	SANDRA TAFELSKI	"	"
SEC	SANDRA TAFELSKI	"	"
TRES	EDWARD P. TAFELSKI	"	"

JAN -2 2014
WILLIAMS

10. E-mail Address: **ED@MYFLORIDAPLANS.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Edward P. Tafelski** **EDWARD P. TAFELSKI** **12-31-13** **352-588-3336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #