P99000069297

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CORNERSTONE COMMUNICATIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2001 JUN 14 PM 12:45
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-06/14/01--01020--006
****750.00 ****750.00

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 8206 W. WATERS AVE. | |
| Suite, Apt. #, etc.: SUITE # 102 | Suite, Apt. #, etc. |
| City & State: TAMPA, FL | City & State |
| Zip: 33615 Country: HILLSBOROUGH | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 1997

5. FEI Number: 59-3463597 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: ELLIOTT ACOSTA

Street Address (P.O. Box Number is Not Acceptable): 7108 LARIMER CT.

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33615

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: Elliott Acosta Date: 3.2.2000

REGISTERED AGENT MUST SIGN

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. | ELLIOTT ACOSTA | 7108 LARIMER CT. | TAMPA FL 33615 |
| | | | |
| | | REINSTATEMENT 99 | |
| | | | LFT 7-11-01 |
| | | | |
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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 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: Elliott Acosta 3.2.2000 813.886.7901

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