PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR * REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

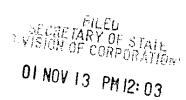
P97000084665 DOCUMENT #

1. Corporation Name

STONEHENGE BUILDERS INCORPORATED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #

Principal Place of Business		Mailing Address								
95 BAYOU RD. 95 BAYO SANTA ROSA BEACH FL 32459 SANTA 6			RD. SA BEACH FL 32459							
							TRYPARE	A 157 A	t	
							TATIME	NIU		
New Principal Office Address, If Applicable 3. New Mailin			ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/29/1997				
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Number		09/29/13		
City & State City & State						5. FEI NUMBEI	02-0475082	-	Applied For	
					Not Applicable					
Zip	Country Zip		Country			CERTIFICATE OF STATUS DESIRED S8.75 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)										
Title(s)	e(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PVTS	PVTS BUSHEE, CHRISTOPHER E			95 BAYOU RD.			SANTA ROSA BEACH FL 32459			
DCM	BUSHEE, CHRISTOPHER E	95 BAYOU RD.				SANTA ROSA BEACH FL 32459				
RA	BUSHEE, CHRISTOPHER E	95 BAYOU RD.				SANTA ROSA BEACH FL 32459				
				selected d			5000047008656 -11/30/0101070023 			
			*: Pi **				UI SALAN LON	.00 **	**150.00	
			<u> </u>			N .				
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
DI IGUEE CUDISTADUED E					Name Robert E. McGill, III Street Address (P.O. Box Number is Not Acceptable)					
95 BAYOU RD.				36009			ENCRALD COAST PHUN			
SANTA ROSA BEACH FL 32459				Suite Apt. #, Etc.						
				City DOSTIN				State Zip C	ode 2541	
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 Date Date										
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 filling 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.										