

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 4:10

DOCUMENT # P97000102762

1. Corporation Name

J. & R. STONE CRAFTERS, INC.

2. Principal Office Address

1920 ELSA ST.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

Zip

34109

Country

USA

3. Mailing Office Address

5000 ROYAL MARCO WAY

Suite, Apt. #, etc.

833

City & State

MARCO ISLAND, FL.

Zip

34145

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/4/97

5. FEI Number

592-13-4214

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent

Name

RONALD S. WEBSTER

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

985 N. COLLIER BLVD.

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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

REGISTERED AGENT MUST SIGN

Date 10/08/01

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
<u>PRES</u>	<u>SUSAN H. EVANS</u>	<u>5000 ROYAL MARCO WAY #833</u>	<u>MARCO ISLAND, FL. 34145</u>
<u>V.P./ SEC</u>	<u>ROLANDO MASSARD</u>	<u>2652 AFT AVE.</u>	<u>NAPLES, FL. 34109</u>

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:

Susan H. Evans SUSAN H. EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/01

Date

941-394-5016

Daytime Phone #

CR2E081 (9/00)