

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS AND BUSINESSES

2004BR

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FILED
00 DEC 18 AM 11:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000105394

1. Corporation Name

Cornerstone Solutions, Inc.

2. Principal Office Address

12474 Dunraven Trail
Suite, Apt. #, etc.

3. Mailing Office Address

11250 Old St. Augustine Rd.
Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, FL

Zip

32223

Country

USA

Zip

32257

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1997

5. FEI Number

59-3678540

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose R. Kalil

600003514636-8

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

12474 Dunraven Trail

12/27/00-01072-003
****150.00 ****150.00

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32223

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

[Signature]

Date 11/4/00

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
Director	Nicole Kalil	12474 Dunraven Trail	Jacksonville, FL 32223
Director	Jose Kalil	12474 Dunraven Trail	Jacksonville, FL 32223

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, and 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:

Nicole Kalil

Nicole Kalil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/00

Date

904-292-2305

Daytime Phone #

DO NOT REMOVE!

Cornerstone Solutions, Inc.

11250 Old St. Augustine Road • Suite 15-318 • Jacksonville, FL 32257

P97000105394

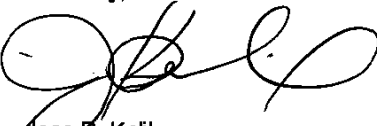
November 6, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This is a letter of explanation. In 1999, we paid our corporate filing fees on time (check #2048). It is my understanding that soon after that, the Department of Corporations requested further information by mail. Our corporate office moved from 3355 Claire Lane to 12474 Dunraven Trail in mid 1999 unfortunately after we submitted our paperwork. A mail-forwarding request was submitted to the postal service but not all mail followed correctly. I do not believe we received your request for more information and it was not until I was reviewing our corporate records that I realized that we had not paid our filing fees for this year. I contacted the Department of Corporations and was told that our fees had been received, but that the corporation was dissolved due to a missing item on the form. I was asked to write a letter explaining why we did not return the request for information and the filing fee for this year. Enclosed please find the Corporation Reinstatement form and our filing fee for year 2000. In addition, we have since acquired a Post Office box for all mail in the attempt to eliminate lost mail.

Sincerely,



Jose R. Kalil
Director