

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR -8 AM 8:10

DOCUMENT # P97000108329

1. Corporation Name

Stone Ageel Products, INC

300093254623  
03/16/07--01015--014 \*\*1050.00

REINSTATEMENT

05-07

CR2E081 (12/05)

2. Principal Office Address

18181 NE 31st

Suite, Apt. #, etc.

408

City & State

Aventura, FL

Zip

33160

Country

USA

3. Mailing Office Address

18181 NE 31st

Suite, Apt. #, etc.

408

City & State

Aventura, FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/1997

5. FEL Number

593485717

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

Manuel E. Tejeda

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

18181 NE 31st

Suite, Apt. #, Etc.

408

City

Aventura

State

FL

Zip Code

33160

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

Date

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
P	Manuel E. Tejeda	18181 NE 31st #408	Aventura FL 33160

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #