

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1902

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

FILED

01 OCT 12 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000018132

1. Corporation Name

Seminole Stoneworks Inc.

2. Principal Office Address

660 Silver Birch Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Longwood FL

Zip

32750

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2-1998

5. FEI Number

59-3497608

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

Craig V Mewhorter

000004649400--1

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

660 Silver Birch PL

-10/23/01--01014--011

\*\*\*\*308.75 \*\*\*\*308.75

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

9/24/01

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Craig V Mewhorter                    | 660 Silver Birch PL                               | Longwood FL 32750  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   | LS                 |

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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/01

Daytime Phone #

407-832-8100

2052

September 24, 2001

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

Re: Reinstatement of Corporation

To Whom It May Concern,

Please find enclosed my "Corporation Reinstatement Form" for Seminole Stoneworks, Inc. that was put on inactive status 9/2000.

We moved offices in 1999, and unfortunately the US Post Office did not properly forward our mail, resulting in our not receiving our Annual Reports.

After speaking with your offices this morning, they informed me that they would waive the \$600.00 fee since it does state on our records that the forms were returned by the Post Office, and we would only have to pay the \$300.00 reinstatement fee.

Enclosed is a check for \$308.75 as we would also like to receive a "Certificate of Status" for our records.

Thank-you for understanding our situation.

Sincerely,

Craig V. Mewhorter  
President  
Seminole Stoneworks, Inc.