

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 15 PM 2:23

DOCUMENT # P98000027487

1. Corporation Name

CORNERSTONE FINISHES, INC.

Principal Place of Business

2960 NW 2ND AVE
SUITE 11
BOCA RATON FL 33431

Mailing Address

2960 NW 2ND AVE
SUITE 11
BOCA RATON FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1998

5. FEI Number

65-0832403

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MONTGOMERY, DAVID A	2960 NW 2 AVE., SUITE 11	BOCA RATON FL 33431
VTD	STIRLING, DANIEL A	2960 NW 2 AVE., SUITE 11	BOCA RATON FL 33431
D	WATERMAN, GEORGE	2960 NW 2ND AVE, SUITE 11	BOCA RATON FL 33431
D	HUSEMAN, RICH	2960 NW 2ND AVE-SUITE 11	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

STIRLING, DANIEL
2960 NW 2ND AVE
SUITE 11
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

9999994653869--1

-10/25/01--01078--009

****758.75 ****758.75

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10/12/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01
Daniel STIRLING 95116 Acquirer 561-385-6388

CR2E040 (8/01)