

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 MAR 31 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000053730

1. Corporation Name

STONEWORKS BY WILSON, INC.

REINSTATEMENT 2002-05

2. Principal Office Address

1724 IRVING STREET

3. Mailing Office Address

1724 IRVING STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/13/98

5. FEI Number

650887395

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

FREDERICK K. WALL

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

1724 IRVING STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

*Frederick K. Wall*  
REGISTERED AGENT MUST SIGN

Date

*3/30/05*

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,S,T,C	FREDERICK K. WALL	1724 IRVING STREET	SARASOTA, FL 34236

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:

*Frederick K. Wall*  
FREDERICK K. WALL, Pres.

MARCH 30 2005

941-650-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303**  
**PHONE: (800) 435-9371 FAX: (866) 860-8395**

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DATE: 03-31-05

NAME: STONEWORKS BY WILSON, INC

TYPE OF FILING: REINSTATEMENT

COST: CK FOR \$1,208.75

RETURN: GOOD STANDING

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~~ACCOUNT: FCA000000015~~

AUTHORIZATION: ABBIE/PAUL HODGE

RECEIVED  
05 MAR 31 AM 9:45  
DIVISION OF CORPORATION

FILED