

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood,
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000085025**

1. Corporation Name

STONES DESIGN GROUP, INC.

Principal Place of Business

3421 PINE TREE ROAD
ORLANDO FL 32804
US

Mailing Address

3421 PINE TREE ROAD
ORLANDO FL 32804
US

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

2. New Principal Office Address, If Applicable

Stones Design Group, Inc

Suite, Apt. #, etc.
885 Sedalia St Ste 201

City & State
Dcoee, FL

Zip
34761

Country
USA

3. New Mailing Office Address, If Applicable

Stones Design Group, Inc

Suite, Apt. #, etc.
885 Sedalia St Ste 201

City & State
Dcoee, FL

Zip
34761

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1998

5. FEI Number

59-3535301

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
PSTD	STONES, MARILOU H	3421 PINE TREE ROAD	ORLANDO FL 32804
			10/13/03--01064--001 **150.00 300023749623 10/13/03--01064--001 **150.00

8. Name and Address of Current Registered Agent

STONES, MARILOU H
3421 PINE TREE ROAD
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

MariLou Stones
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10.9.03**

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:

MariLou Stones
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.9.03 407.253.2810

CR2E040 (7/03)