

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 MAR -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105362

1. Corporation Name

STONE PROVIDERS, INC.

Principal Place of Business

5235 PINE ABBY DR. SO.
WEST PALM BEACH FL 33415

Mailing Address

5235 PINE ABBY DR. SO.
WEST PALM BEACH FL 33415

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

2. New Principal Office Address, If Applicable

1800 4TH AVE N
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1800 4TH AVE N
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1998

5. FEI Number

65-0882468

Applied For

Not Applicable

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33461

Country

Zip

33461

Country

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
D	GIRALDO, JOSE O	5235 PINE ABBY DR. SO.	WEST PALM BEACH FL 33415

200003163042-7
-03/08/00-01106-015
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

GIRALDO, JOSE OSCAR
5235 PINE ABBY DR. SO.
WEST PALM BEACH FL 33415

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200003163042-7
-03/08/00-01106-016
****158.75 ****158.75
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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/26/99

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
JOSE OSCAR GIRALDO

Date

10/26/99 (561) 547-2779

Daytime Phone #