

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 28 AM 10:52

DOCUMENT # P98000105362

1. Corporation Name

STONE PROVIDERS, Inc

2. Principal Office Address

1800 4th Avenue North

3. Mailing Office Address

1800 4th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33461

Country

USA

Zip

33461

Country

USA

REINSTATEMENT

03-05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12-17-1998

5. FEI Number

650882468

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

Giraldo, Jose Oscar

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

11066 Stone Creek St

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33467

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

REGISTERED AGENT MUST SIGN

Date

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
<u>D</u>	<u>Giraldo Jose Oscar</u>	<u>11066 Stone Creek St</u>	<u>Wellington, FL 33467</u>
<u>D</u>	<u>Giraldo Julio C.</u>	<u>10160 Clubhouse Turn Rd</u>	<u>Lake Worth, FL 33467</u>

900061429899

11/15/05--01015--022 **1058.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-07-05

Date

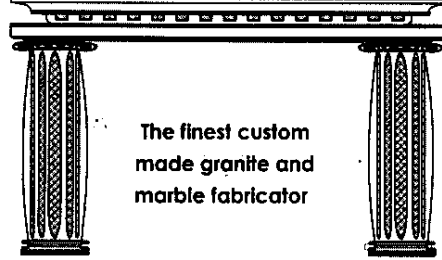
561.547-2779

Daytime Phone #

MarbleCraft Design Inc.

2 of 2

425 Industrial Street, Suite A
Lake Worth, FL 33461
561 547-2779 Fax: 561 547-3779



553 SE MOnterey Road
Stuart, FL 34994
561 221-2102 Fax: 561-221- 208

DATE: November 18, 2005
DOC.No.: ACCTG-CR-FSD1118

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Attn.: Mrs. Barbara Mitchell

PH: (850) 245-6050

FROM: STONE PROVIDERS, LLC

REF: STONE PROVIDERS, INC. -

Letter Number: 805A00067791

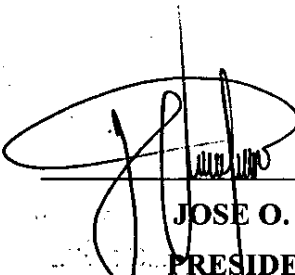
Dear Mrs. Mitchell:

Enclosed are three (3) pages of the Florida Department of State proving that we are the owners of STONE PROVIDERS, LLC.

My brother and I signing below had agreed to reactive our other company STONE PROVIDERS, INC., and that is the reason why we sent to you the Corporation Reinstatement.

By re-sending our application for this Corporation Reinstatement back to you to, we expect you to reinstate our corporation.

Thank you very much for your kind attention.



JOSE O. GIRALDO
PRESIDENT & CEO
STONE PROVIDERS, INC.



JULIO C. GIRALDO
CHAIRMAN
STONE PROVIDERS, INC.