

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 19 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000051293**

1. Corporation Name

Stone Group, Inc.

200004474762--2
-07/13/01--01076--017
****908.75 ****908.75

2. Principal Office Address

1141 South Rogers Circle

Suite, Apt. #, etc.

Suite 3

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Office Address

1141 South Rogers Circle

Suite, Apt. #, etc.

Suite 3

City & State

Boca Raton, FL

Zip

33487

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/26/99

5. FEI Number

65-0941074

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

Adam Runsdorf

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

6442 NW 42nd Way

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33487

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

Adam Runsdorf
REGISTERED AGENT MUST SIGN

Date **6/14/01**

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
D	Adam Runsdorf	6442 NW 42 nd Way	Boca Raton / FL / 33496

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:

Adam Runsdorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/01

Date

(561) 998-2402
Daytime Phone #

CR2E081 (9/00)