

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000051293

1. Corporation Name

STONE GROUP, INC.

Principal Place of Business

1141 SOUTH ROGERS CIRCLE  
SUITE 3  
BOCA RATON FL 33487

Mailing Address

1141 SOUTH ROGERS CIRCLE  
SUITE 3  
BOCA RATON FL 33487

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1999

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. 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

RUNSDORF, ADAM

6442 N.W. 42ND WAY  
1141 South Rogers Circle, Suite 3

BOCA RATON FL 33486-  
33487

400024344274  
10/31/03--01109--025 \*\*750.00

8. Name and Address of Current Registered Agent

RUNSDORF, ADAM  
6442 N.W. 42ND WAY  
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

Adam Runsdorf

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

1141 South Rogers Circle

Suite, Apt. #, Etc.

3

City

Boca Raton

State

FL

Zip Code

33487

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

REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

(561) 994-5590

CR2E040 (7/03)