

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 22 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000058386**

1. Corporation Name

STONE VALLEY INC.

2. Principal Office Address

4885 WALDEN CIRCLE,

Suite, Apt. #, etc.

3. Mailing Office Address

761 N. ORANGE AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32811

City & State

WINTER PARK

Zip

32811

Country

U.S.A.

Zip

32789

Country

U.S.A.

REINSTATEMENT 00-04

4. Date Incorporated or Qualified
To Do Business in Florida

06-25-1999

5. FEI Number

593587150

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

GOSAI MOHANLAL

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

4885 WALDEN CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL 32811

State

FL

Zip Code

32811

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

X

REGISTERED AGENT MUST SIGN

Date

12-17-04

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
P	MOHANLAL GOSAI	4885 WALDEN CIRCLE	ORLANDO, FL, 32811
V	KAUSHIK GOSAI	4885 WALDEN CIRCLE	ORLANDO, FL, 32811

400043584264
12/22/04 01034 022 ***758.75

DR 12/22

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:

MOHANLAL GOSAI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-16-04. 407-645-3395

Daytime Phone #

CF2E081 (01/04)

Stone Valley Inc.
dba Lee's Liquor

761 N. Orange Ave
Winter Park, FL, 32789
407-645-3395

December 17, 2004

Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL, 32314

Re : Penalty Fee

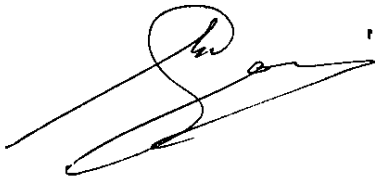
Dear Sir or Madam:

I am writing to request a waive of the penalty fee for the above mentioned corporation. The reason being that no annual reports were received for the following years: 2000, 2001, 2002, 2003, 2004. The recent three hurricanes have caused a lot of financial strain both in the business and personal level.

Based on the above stated facts I humbly request that the penalty be waived and my corporation reinstated. I have enclosed a check in the amount of \$758.75 representing the fee for reinstatement.

Sincerely,

Mohanlal Gosai
President

A handwritten signature in black ink, appearing to read 'M. Gosai', with a large, stylized loop at the beginning and a long, sweeping underline.