

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -5 AM 8:00

DOCUMENT # P99000071426

1. Corporation Name

SPECIALTY STONE CONTRACTORS, INC.

2. Principal Office Address

926 Harrison Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

3. Mailing Office Address

926 Harrison Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

REINSTATEMENT

03-04
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/11/99

5. FEI Number

65-0947621

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

Jonathan DiDonato

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

926 Harrison Street

Suite, Apt. #, Etc.

City

Hollywood, FL 33019

State

FL

Zip Code

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**

Jonathan DiDonato

REGISTERED AGENT MUST SIGN

Date

JAN 18 2004

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	Jonathan DiDonato	926 Harrison Street	Hollywood, FL 33019

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:

Jonathan DiDonato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 18 2004 954 924-0240

Daytime Phone #

CR2E001 (10/02)