

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 MAR -8 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000097388
STONE MARK REALTY GROUP, INC.

2. Principal Office Address

10691 SANTA LAGUNA DR

Suite, Apt. #, etc.

3. Mailing Office Address

10691 SANTA LAGUNA DR.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33428

Country

U.S.

City & State

BOCA RATON, FL

Zip

33428

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/99

5. FEI Number

65-0939102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200005183382--8
-04/02/02--01053--015
****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

PANDRA B. COHEN

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

10691 SANTA LAGUNA DR.

Suite, Apt. #, etc.

City

BOCA RATON

State

FL

Zip Code

33428

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

PANDRA B. COHEN

Date 3/6/02

REGISTERED AGENT MUST SIGN

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.D.	STEVEN F. COHEN	10691 SANTA LAGUNA DR.	BOCA RATON, FL 33428
D	PATRICK DANAN	701 SE 2ND CT.	FT. LAUDERDALE, FL 33301
D	JAY EISENBERG	9720 W. SAMPLE RD	CORAL SPRINGS, FL 33065

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:

S.F. COHEN, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

561-756-5300

Daytime Phone #

CR2E081 (9/01)