

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 19 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-03

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S67256

1. Corporation Name

STONEHENGE LTD., INC.

2. Principal Office Address

20277 N.E. 15th Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33179

Country

US

3. Mailing Office Address

20277 N.E. 15th Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33179

Country

US

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

07/18/1991

5. FEI Number

650222159

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

Paul B. Steinberg, Esq.

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

767 Arthur Godfrey Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140-3413

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**

Date 05/13/03

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	Brach, Natan	20277 N.E. 15th Court	Miami, Florida 33179

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:

Natan Brach

Date 05/13/03

Daytime Phone # (305) 493-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

91 5/23