

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE
	Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

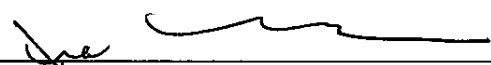
DOCUMENT #	S67893
1. Corporation Name	
STICKS 'N STONES, INC.	

2. Principal Office Address:		3. Mailing Office Address	
2154 ZIP CODE PLACE, Suite 4-A		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4-A			
City & State		City & State	
W. PALM BEACH, FL			
Zip	Country	Zip	Country
33409	PALM BEACH		


REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida		7/18/1991
5. FEI Number	65-0275441	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name			
IRA ELBLONK			
Street Address (P.O. Box Number is Not Acceptable)			
1030 LAKE AVENUE			
Suite, Apt. #, Etc.			
STE "C"			
City		State	Zip Code
LAKE WORTH		FL	33409

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
	7/29/2004
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 / Street / Zip
PRES	VICTOR DIEGUEZ	P.O. BOX 15376	WEST PALM BEACH, FL. 33416
V.P.	MARCIA HARROD	14930 S.W. 141 st PLACE	MIAMI, FL. 33186

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:		PRES	7/29/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
			(561) 686-4127