PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 16 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S78112

1. Corporation Name

CLAY METAL AND STONE INC.

Principal Place of Business	Mailing Address
~~6290 NW 27TH WAY~~	~~6290 NW 27TH WAY~~
FT. LAUDERDALE FL 33309	FT. LAUDERDALE FL 33309
US	US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1001 W. CYPRESS CREEK Rd.	1001 W. Cypress Creek Rd
Suite, Apt. #, etc. #400	Suite, Apt. #, etc #400
City & State Ft Lauderdale, FL	City & State Ft Lauderdale, FL
Zip 33309 Country USA	Zip 33309 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/04/1991

5. FEI Number: 65-0281905 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City State Zip
T	BERLIN, LOUIS	~~6290 NW 27TH WAY~~ 2875 NE 191 St, #702B	~~FT. LAUDERDALE FL~~ AVENTURA, FL 33180
S	MISSIKA, MIKE	~~6290 NW 27TH WAY~~ 1001 W. Cypress Creek Rd. #400	FT. LAUDERDALE FL 33309
P	LEVIN, ROBERT A	~~6290 NW 27TH WAY~~ 1001 W. Cypress Creek Rd #400	FT. LAUDERDALE FL 33309

100003083231--4
-12/23/99--01077-016
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BERLIN, LOUIS ~~6290 NW 27TH WAY~~ 2875 N.E. 191 ST. #702B ~~FT. LAUDERDALE FL 33309~~ AVENTURA, FL 33180	Name SAME Street Address (P.O. Box Number is Not Acceptable) ~~1001 W. Cypress Creek Road~~ Suite, Apt. #, Etc. ~~#400~~ City ~~Ft Lauderdale~~ State ~~FL~~ Zip Code ~~33309~~

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 11/8/99

REGISTERED AGENT MUST SIGN

11. 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... this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.04... 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... on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

POSTED 11/8/99

SIGNATURE: _____ 11/8/99 305-933-1058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Call back Wed 12/8 per research ctr 12/1 9:05A.