

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V41202**

1. Corporation Name

**CORNERSTONE HOLDINGS U.S.A., INC.**

Principal Place of Business

3300 NORTH PORT ROYAL DRIVE  
SUITE 202  
FT. LAUDERDALE FL 33308  
US

Mailing Address

PO BOX 50445  
LIGHTHOUSE POINT FL 33074-0445  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

06/04/1992

5. FEI Number

65-0343557

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DPST	SAAD, SAM	3300 N PORT ROYAL DR SUITE 202	FT LAUDERDALE FL
P	SAM SAD	PO BOX 50445	LIGHTHOUSE POINT FL
			600003046716--5 -11/17/99--01017--001 *****900.00 *****900.00
			600003046716--5 -11/17/99--01017--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name: **CORPORATION SERVICE COMPANY**  
Street Address (P.O. Box Number is Not Acceptable): **1201 HAYS STREET**  
Suite, Apt. #, Etc.:  
City: **TALLAHASSEE** State: **FL** Zip Code: **32301**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/30/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐ **N/A**

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **SAM SAAD President** 10/29/99

Date

Daytime Phone #

954-357-2220