

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44235

1. Corporation Name

TERRASTONE, INC.

2. Principal Office Address

8747 S.W. 134 ST.
Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33176

Country

U.S.A.

3. Mailing Office Address

8747 S.W. 134 ST.
Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33176

Country

U.S.A.

FILED

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01/05/06--01038--012 20300.00

05/03/04 90767 032

CR2E081 (12/05)

154.00

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

Jun 17, 1992

5. FEI Number

65-0340487

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

ALINA CABEZAS

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

8747 S.W. 134 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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**

A. Cabezas

Date 01-03-06

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 |
|---------------|--|---|---------------------------|
| PR | ROLANDO L. CABEZAS | 8747 S.W. 134 ST. | MIAMI, FL. 33176 |
| SEC | ALINA CABEZAS | 8747 S.W. 134 ST. | MIAMI, FL. 33176 |
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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 contained in Chapter 119, 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: ROLANDO L. CABEZAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Cabezas

01-03-06

Date

305-234-8384

Daytime Phone #

Terrastone

Custom Stone Work

8747 S.W. 134 ST.*MIAMI, FL. 33176
Tel. 305-234-8384*Fax. 305-234-7587

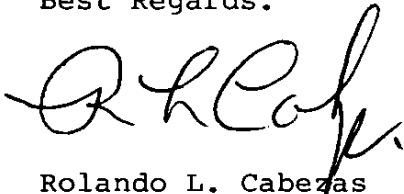
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Jan. 03, 2006

Dear Sir or Mam

I Spoke to someone in your office and was told to wright this letter, to have the penalties removed, for your data base that a check for \$ 150.00 was recieved and cashed; But I was never contacted. I'am forwarding a check for Three Hundred Dollars. To reinstate my corporation my accountant has cancer and he never filed my annual report.

Best Regards.



Rolando L. Cabezas