

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

Ray [Signature]

FILED

96 SEP 30 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086849

1. Corporation Name
STONE TECH INT'L MARBLE & GRANITE INC.

Principal Place of Business Mailing Address
101 SEA BREEZE CIRC JUPITER FL 33477



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
4. Date Incorporated or Qualified To Do Business in Florida **12/20/1993**
5. FEI Number **65-0471109**
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GIOVANNI BRIGUGLIO	101 SEA BREEZE CIRC	JUPITER FL
P/D	GIOVANNI BRIGUGLIO	104 RIDGE ROAD	JUPITER, FLORIDA 33477

100001975621--1
-10/15/96--01231--008
****225.00 ****225.00

*filed as A/R mwb 10/15/96
Reinstatement waived.*

8. Name and Address of Current Registered Agent
**GIOVANNI BRIGUGLIO
101 SEA BREEZE CIRC
JUPITER FL 33477**

9. Name and Address of New Registered Agent
Name **GIOVANNI BRIGUGLIO**
Street Address (P.O. Box Number is Not Acceptable) **104 RIDGE ROAD**
Suite, Apt. #, Etc.
City **JUPITER** State **FL** Zip Code **33477**

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]* Date **SEP. 25 1996**
THE REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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]* SEP 25 1996 (561) 744-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)