

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 10:39

DOCUMENT # P95000041825

1. Corporation Name

AQUALIT TOP STONE INC.

Principal Place of Business

Mailing Address

3600 NE
2ND AVE
MIAMI FL 33137

3600 NE
2ND AVE
MIAMI FL 33137

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 99

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1995

5. FEI Number

65-0652874

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	4 City / State / Zip
P	FELIX, KURT W	1717 N BAYSHORE DR 3546	MIAMI FL
V	LEUTWILER, KURT	81148 SOI 2115 TIPPAWAN I	SAMRONG NUA, SAMUTPRAKARN
S	LEUTWILER, DOMINIQUE	1717 N BAYSHORE DR 3546	MIAMI FL

000003029800--4
-11/01/99--01004--005
****750.00 ****750.00

B. H. H.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEUTWILER, D.
1717 N BAYSHORE DR
THE GRAND 3546
MIAMI FL 33132

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/12/99

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.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 807.0401 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)(l), 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

Leutwiler Dominique

Date

10/12/99 305-5730212

Daytime Phone #

CR2240 (8/99)