

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE  
 FOR THE HARRIS Secretary of State  
 DIVISION OF CORPORATIONS

2000 UBL

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FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000027313  
 1. Corporation Name  
**CASTLE ROCK MARBLE & GRANITE CORPORATION**

Principal Place of Business Mailing Address  
 15530 W. DIXIE HWY. 15530 W. DIXIE HWY.  
 N. MIAMI FL 33162 N. MIAMI FL 33162



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

4. Date Incorporated or Qualified To Do Business in Florida **03/24/1998**

5. FEI Number 65-0758466  
 APPLIED FOR 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 PD	2 TIZZONI, SALVATORE	3 15530 W. DIXIE HWY.	4 N. MIAMI FL 33162

600003457336--4  
 -11/08/00--01062--002  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent  
**VIVIES, PATRICK**  
 700 E. DANIA BCH BLVD  
 STE 202  
 DANIA FL 33004

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

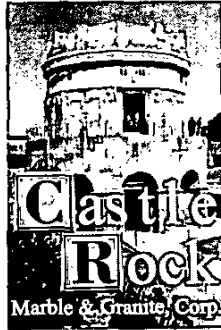
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent **SIGNATURE REQUIRED** Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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.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 REQUIRED** 10/18/00 (305) 956-3636\*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20640 (6/00)

2012



October 18, 2000

Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

RE: Castle Rock Marble & Granite Corporation

To Whom It May Concern:

We have four corporations at the address, 15530 W. Dixie Hwy., North Miami Beach, Fl. 33162, however we did not receive the annual report for Castle Rock Marble & Granite Corporation. Therefore, can you please wave the fees and accept the enclosed check of \$150.00 for standard fees.

Thank you,  
  
Salvatore Tizzoni