

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

98 FEB -9 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39909

1. Corporation Name

T & G Marble Inc.

Principal Place of Business

Mailing Address

18604 49th Street North
Loxahatchee, FL. 33470

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 97-98

4. Date Incorporated or Qualified To Do Business in Florida

5-29-92

5. FEI Number

65-0334424

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
President	Thomas Joseph McGeaney JR	18604 49th Street North Loxahatchee, FL. 33470	Loxahatchee, FL. 33470

2/12/98

100002428891-1
-02/12/98-01061-003
****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas Joseph McGeaney JR.
18604 49th Street N
Loxahatchee, FL. 33470

Name: Thomas McGeaney JR
Street Address (P.O. Box Number is Not Acceptable)
18604 49th Street N
Suite, Apt. #, Etc.
City: Loxahatchee
State: FL Zip Code: 33470

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

Thomas J. McGeaney Jr

Date 1/21/98

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: Thomas J. McGeaney Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97 561-791-2591
Date Daytime Phone

CR2E040 (12/96)