PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P00000040871 **DOCUMENT#**

1. Corporation Name

WELLINGTON GRANTIE & MARBLE, INC.

Principal Place of Business

Mailing Address

2091 INDIAN ROAD W. PALM BEACH FL 33409 2091 INDIAN ROAD

W. PALM BEACH FL 33409

FILED

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SECHETARY OF STATE TALLAHASSEE, FLORIDA



If above	addresses are i	ncorrect in any way, line t	through incorrect	information ar	nd enter correction below.				
New Principal Office Address, If Applicable 3. New				Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 04/24/2000			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						
City & State			City & State	City & State		5. FEI Numbe	65-0305279	Applied For Not Applicable	
Zip Country			Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED 6 (or a		5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addr	esses of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					
PD	TROPEANO, FRANK			12055 REGAL COURT			W. PALM BEACH FL 33414		
VD	TROPEANO, DEAN			2091 INDIAN RD.		_	WPALM BEACH FL-33409		
SD	SANCHEZ, PEDRO			12172 REGAL CT.		147	W. PALM BEACH FL 33414		
TD	TROPEANO, MICHELLE			12055 REGAL CT.			W. PALM BEACH FL 33414		
S TROPEANO, RAFFAELE			***************************************	344 WINTERS ST.		W. PALM BEACH FL 33405		05	
<u></u>						<u>30</u> 11/19/	000907862 0201028006 *	*150.00	
	8. Name :	and Address of Current	Registered Age	ent		Name and Address of New Registered Agent			
				·	Name	3. Name and A	touress of New Registered A	V-11	
TROPEANO, FRANK					Chroat Address				
2091 INDIAN ROAD					Street Address (P.O. Box Number is Not Acceptable)				
W. PALM BEACH FL 33409				Suite, Apt. #, Etc.					
<u>.</u>				·	City		FL	Zip Code	
10. I, being	appointed the re	egistered agent of the ab	ove named corpo	oration, am fan	niliar with and accept the	obligations of Section	on 607.0505, F.S. or 617.0505,	F.S.	
Signature of Registered <i>i</i>	Agent_	SELGIAS,	EGISTERED AG	ENT MUST SI	DUIRED		Date Nov. 15-0	>2	
11. I certify t	that I am an offic	er or director or the rece	ver or trustee em	npowered to ex	ecute this application as	provided for in char	oter 607 or 617, F.S. I further ce	rtify 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: (

Nov. 15-02 561-686-5800

WELLINGTON GRANITE & MARBLE, INC. 2091 INDIAN RD. WEST PALM BEACH, FL 33409

tel: 561-686-5800 fax: 561-686-9996

Date: 11-15-02

To: Florida Department of State

Re: Corporation Papers

To Whom it May Concern:

This is to inform you that we never received our two uniform business reports to keep our corporation in active status. We would really appreciate if you could waive the reinstatement fee. We apologize for any inconvenience.

Thank you,

Frank Tropeano

President