

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000000322

1. Corporation Name

GLOBAL MARBLE & GRANITE, INC.

Principal Place of Business

Mailing Address

130 WISTERIA DRIVE
LONGWOOD FL 32779

130 WISTERIA DRIVE
LONGWOOD FL 32779

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

01/17/2002

5. FEI Number

59-3537812

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	MOORE, WILLIAM G	130 WISTERIA DRIVE	LONGWOOD FL
STD	MOORE, GERTRUDE K	130 WISTERIA DRIVE	LONGWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, WILLIAM G
130 WISTERIA DRIVE
LONGWOOD FL 32779

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 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Signature of William G. Moore
REGISTERED AGENT MUST SIGN

Date 03 06 04

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 of William G. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 06 04
Date Daytime Phone #

FILED

04 APR -5 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

600030736516

03/18/04--01062--003 **758.75

600030736516

04/05/04--01016--003 **141.25

CR2E040 (7/03)