

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB 15 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300088712013  
02/19/07--01020--029 \*\*300.00

DOCUMENT # F95000001881

1. Corporation Name  
CALCIUM SILICATE CORPORATION

2. Principal Office Address - No P.O. Box #

601 WATSON FARM RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 405

Suite, Apt. #, etc.

City & State

LAKE HARBOR, FLORIDA

City & State

LAKE HARBOR, FLORIDA

Zip

33459

Country

USA

Zip

33459

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

4-18-1995

5. FEI Number

62-1434995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARK C. ELIZER

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

15550 BELLANCA LAKE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Mark C. Elizer

REGISTERED AGENT MUST SIGN

Date 2/12/07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARK C. ELIZER	15550 BELLANCA LAKE	WELLINGTON, FL 33414
VD	JOSEPH H. CONZELMAN, III	500 OFFICE PARK CIRCLE SUITE 200	BIRMINGHAM, AL 35223
SD	THOMAS F. CONSTANTINO	19125 62nd PLACE	LIVE OAK, FL 32060
TD	RONALD L. FOGEL	221 PARADISE POINT LN.	SANTA ROSA BEACH, FL 32459

10. 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 contained in Chapter 119, 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:

Mark C. Elizer MARK C. ELIZER 2/12/07 (863) 902-0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #