

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 24 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006603

1. Corporation Name

INTERNATIONAL MARBLE & GRANITE OF COLORADO, INC.

Principal Place of Business

Mailing Address

852 S. JASON #8  
DENVER CO 80223

852 S. JASON #8  
DENVER CO 80223



REINSTATEMENT 2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1704 West Atlantic Blvd.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1999

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Zip

33069

Country

Zip

Country

5. FEI Number

84-1200765

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	2	3	4
CP	HITCHCOCK, MICHAEL JR.	32560 EL DIENTE CT.	EVERGREEN CO 80439
VCST	HITCHCOCK, MICHAEL SR.	29988 SUNSET TRAIL	PINE CO 80470
<del>+</del>	<del>SCHWEISS, KENT (delete)</del>	<del>14170 E. WARREN PLACE</del>	<del>AURORA CO 80014</del>
CFO	MIGDALSKI, Kenneth	9845 Reed St Westminster CO 80021	500004880265--1 -02/05/02--01047--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Roy Viana

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

1704 West Atlantic Blvd

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

REGISTERED AGENT MUST SIGN

Date

11/20/01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/2001

Daytime Phone #

303 7222800

CR2E040 (8/01)