

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

W04500003643

FILED

04 FEB -5 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G48508**

1. Corporation Name

GULF COAST CULTURED MARBLE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 16418
PANAMA CITY FL 32405

POST OFFICE BOX 16418
PANAMA CITY FL 32405



REINSTATEMENT 01-64

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2318632

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	STUART, FRANK F	2401 STANFORD RD APT 304 <i>Correct Address</i> Frank F. Stuart 2100 Norwood Place Panama City, Florida 32405-4021	PANAMA CITY FL 32405

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STUART, FRANK F

~~2011 LIENBY AVE.~~

~~PANAMA CITY FL 32405~~

Name

Stuart, Frank F.

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

2100 Norwood Place

Suite, Apt. #, Etc.

Panama City

City

Panama City

State

FL

Zip Code

32405-

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.

4021

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

400027635934
01/27/04--01007--022 **1058.75

Date

Jan 15, 2004

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 15, 2004 850-769-2802