

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 14 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J00478

1. Corporation Name
BASALT MARBLE & GRANITE INC.

2. Principal Office Address
7200 Rose Avenue

Suite, Apt. #, etc.

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City & State
Orlando, FLORIDA

Zip Country
32810 U.S.A.

3. Mailing Office Address
7200 Rose Avenue

Suite, Apt. #, etc.

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City & State
Orlando, FLORIDA

Zip Country
32810 U.S.A.

REINSTATEMENT

94-02

4. Date Incorporated or Qualified
To Do Business in Florida **Feb. 21, 1986**

5. FEI Number
59-2660964

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
Guidetti Guido

Street Address (P.O. Box Number is Not Acceptable)
7200 Rose Avenue

Suite, Apt. #, Etc.

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City
Orlando

State Zip Code
FL 32810

800005026318-7
-02/28/02-01026-015
*****1958.75***1958.75**

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 *Guidetti Guido*
REGISTERED AGENT MUST SIGN

Date **Feb. 11 2002**

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
Pres.	Guido Guidetti	7200 Rose Avenue	Orlando, FL 32810
Sec.	Guido Guidetti	7200 Rose Avenue	Orlando, FL 32810

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 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: *Guidetti Guido*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 11 2002 **(407) 291-1703**
Date Daytime Phone #

CR2E081 (9/99)