

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 APR 13 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200073712042  
05/02/06--01003--024 \*\*1058.75

CR2E081 (12/05)

04-06

DOCUMENT # 300478

**1. Corporation Name**

BASALT MARBLE & GRANITE, INC.

**2. Principal Office Address**

7200 Rose Avenue

Suite, Apt. #, etc.

Orlando, FL 32810

City & State

Zip

Country

**3. Mailing Office Address**

7200 Rose Avenue

Suite, Apt. #, etc.

Orlando, FL 32810

City & State

Zip

Country

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

Guido Guidetti

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

7200 Rose Avenue

Suite, Apt. #, Etc.

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City

Orlando

State

FL

Zip Code

32810

**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

Guido Guidetti (Pres.)

Date April 13th 2006

REGISTERED AGENT MUST SIGN

**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

**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:**

Guido Guidetti

April 13th 2006

407 291 1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #