

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -9 PM 1:41

DOCUMENT # **K57143**

1. Corporation Name

AL'S MARBLE SILLS INC.

2. Principal Office Address

1602 MARKET CIRCLE

3. Mailing Office Address

P.O. Box 370694

Suite, Apt. #, etc.

UNIT 9

Suite, Apt. #, etc.

City & State

MURDOCK FL

City & State

MURDOCK FL

Zip

33953

Country

CHARLOTTE

Zip

33938-0694

Country

CHARLOTTE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0093000

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-07

7. Name and Address of Current Registered Agent

Name

AL WEINFLASH

500004035065-9

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

15066 GULISTAN AVE

-04/20/01-01010-018

*****1500.00 ***1500.00**

Suite, Apt. #, Etc.

City

PORT CHARLOTTE, FL 33953

State
FL

Zip Code

33953

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

Al Weinflash

Date **4/3/2001**

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
P/V/D	AL WEINFLASH	15066 GULISTAN AVE	PORT CHARLOTTE FL 33953

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:

Al Weinflash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2001

Date

941 625-4342

Daytime Phone #

CR2E081 (9/00)