

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000018942*

1. Corporation Name

ROMA MARBLE OF COLLIER, INC.

2. Principal Office Address

4227 Enterprise Ave

Suite, Apt. #, etc.

Unit F

City & State

Naples FL

Zip

34104

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700009371397
*12/05/02--01039--004 **300.00*

4. Date Incorporated or Qualified
To Do Business in Florida

02-18-1000

5. FEI Number

59-3627113

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

Arturo Rodriguez

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

4227 Enterprise Ave Unit F

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34104

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 ☒

REGISTERED AGENT MUST SIGN

Date

12/3/02

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 |
|--------|-----------------------------------|--|--------------------|
|--------|-----------------------------------|--|--------------------|

Name & Address

RODRIGUEZ, ARTURO

4227 Enterprise Ave Unit F

NAPLES FL 34104

Title

TDP

CUCHI, WILLIAM

3131 TAMiami TRAIL E LOT 48

NAPLES FL 34112

VPDS

CUCHI, LIZZETTE

3131 TAMiami TRAIL E LOT 48

Naples FL 34112

D

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: ☒

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/02

Daytime Phone #

Roma Marble of Collier, Inc.
4227 Enterprise Avenue Unit F
Naples, FL 34104
(239) 434-0111

December 3rd, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

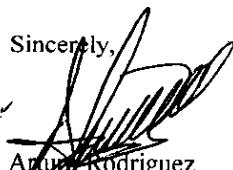
RE: Reinstatement of our corporation

Dear DOS:

We have just realized that our corporation has been dissolved-for-non-filing of the annual report. It has come to our attention that the address is not our correct address.

Please accept our payment for \$300 since we did not receive the annual report form.

Sincerely,



Arturo Rodriguez
President