PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 CR2

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

FILED
02 NOV 19 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040871

1. Corporation Name

WELLINGTON GRANTIE & MARBLE, INC.

Principal Place of Business	Mailing Address
2091 INDIAN ROAD W. PALM BEACH FL 33409	2091 INDIAN ROAD W. PALM BEACH FL 33409

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/24/2000

5. FEI Number: 65-0305279 ☐ Applied For ☐ Not Applicable

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	TROPEANO, FRANK	12055 REGAL COURT	W. PALM BEACH FL 33414
VD	TROPEANO, DEAN	2091 INDIAN RD.	W. PALM BEACH FL 33409
SD	SANCHEZ, PEDRO	12172 REGAL CT.	W. PALM BEACH FL 33414
TD	TROPEANO, MICHELLE	12055 REGAL CT.	W. PALM BEACH FL 33414
S	TROPEANO, RAFFAELE	344 WINTERS ST.	W. PALM BEACH FL 33405

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11/19/02--01028--006 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TROPEANO, FRANK 2091 INDIAN ROAD W. PALM BEACH FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: Nov. 15-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 15-02 (Date) 561-686-5800 (Daytime Phone #)

WELLINGTON GRANITE & MARBLE, INC.
2091 INDIAN RD.
WEST PALM BEACH, FL 33409
tel: 561-686-5800 fax: 561-686-9996

Date: 11-15-02

To: Florida Department of State

Re: Corporation Papers

To Whom it May Concern:

This is to inform you that we never received our two uniform business reports to keep our corporation in active status. We would really appreciate if you could waive the reinstatement fee. We apologize for any inconvenience.

Thank you,

Frank Tropeano
President