

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 OCT 21 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043409

1. Corporation Name

OCTAVIAN MARBCE & GRANITE INC.

200008475642--6

-10/21/02--01036--016

\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT 01-02

2. Principal Office Address

1791 TRADE CENTER WAY 1791 TRADE CENTER WAY

Suite, Apt. #, etc.

#C

3. Mailing Office Address

1791 TRADE CENTER WAY

Suite, Apt. #, etc.

#C

City & State

NAPLES FL.

City & State

NAPLES FL.

Zip

34109

Country

COLLIER

Zip

34109

Country

COLLIER

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 1 2000

5. FEI Number

65-1005403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CHRISTINE COTORANU

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

25273 PAPPICION DR.

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State  
FL

Zip Code

34135

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/17/2002

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
PRESIDENT	OCTAVIAN COTORANU	25273 PAPPICION DR.	BONITA SPRINGS FL 34135
VPRES	CHRISTINA ADELE COTORANU	25273 PAPPICION DR.	BONITA SPRINGS FL 34135

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]* OCTAVIAN COTORANU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/2002 (941)253-5418

Date

Daytime Phone #

CP2E081 (9/01)

93 10/23/02