

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000072717

1. Corporation Name  
FANTASY MARBLE AND GRANITE FABRICATIONS, INC.

Principal Place of Business  
400 SW 12TH AVENUE SUITE 4A  
POMPANO BEACH FL 33069-3504

Mailing Address  
400 SW 12TH AVENUE SUITE 4A  
POMPANO BEACH FL 33069-3504

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		4. Date Incorporated or Qualified To Do Business in Florida 07/31/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 651028442	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	MATHIOT, DOMINIC NEIL	400 SW 12TH AVENUE SUITE 4A	POMPANO BEACH FL 33069

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MINERLEY, KENNETH L ESQ BLOCH & MINERLEY PL 980 N FEDERAL HIGHWAY SUITE 412 BOCA RATON FL 33432		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corp., am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01 (954) 788-0433

Date Daytime Phone #

ZalZ

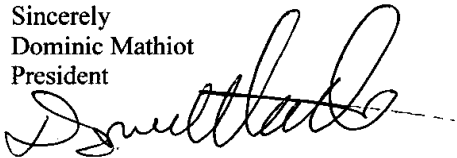
**F A N T A S Y**  
**MARBLE and GRANITE**

400 SW 12<sup>th</sup> AVE Bay 4  
Pompano Bch, FL 33069  
Phone (954) 788-0433 Fax (954) 788-0087

October 15, 2001  
Reference: P00000072717  
Attention: Florida Department Of State

To Whom it may concern, Division Of Corporations , I never received my 2001 uniform business report that should have been sent to me during the first quarter 2001. I'm writing this letter because I have now just received notice of Administrative Dissolution Or Revocation. The address of Business location here at Fantasy Marble and Granite was under renovations for the past four months there's a very good probability mail may have been rerouted due to mailboxes removed from building for exterior wall finishes. I've had prior problems with mail due to renovations. I'm know enclosing a check for the original amount of 150.00 for application document P00000072717. If any questions please feel free to contact me at the number above.

Sincerely  
Dominic Mathiot  
President



# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P99000015021

**1. Entity Name**  
GL-FORCE INC

**Principal Place of Business** **Mailing Address**  
31 E 24TH STREET 31 E 24TH ST  
RIVIERA BEACH FL 33404 RIVIERA BEACH  
FL, 33404

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 19 PM 12:30

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0896138 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW IN 119.07(3)(i) AFTER MAY 1, 2001 Fee will be \$500.00 To Check Payable to Department of Sts**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Caputo Glenn M <input type="checkbox"/> Delete 31 E 24TH STREET RIVIERA BEACH, FL EST	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Caputo Blanca M. <input type="checkbox"/> Delete 31 E 24TH STREET RIVIERA BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004669832 -11/06/01--01089--026 ***158.75 ***158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/01/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other fees empowered.

**SIGNATURE:** \_\_\_\_\_ **10/01/01** **DATE** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

UCR2E034 (11/00)

DOCUMENT # P99000015021  
FEIN 65-0896138  
GC-FORCE INC  
31 EAST 24TH STREET  
RIVIERA BEACH, FL 33404  
561-840-8011

To whom it may concern,

This letter is to request restatement of Corporation Status. We never received notice, please waive the fee. Enclosed is a check for 158.75 please look at our record we have never been late.

Thank you,

Blanca Caputo



10/01/01

REGISTERED AGENT