

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

02 APR -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000077262

1. Corporation Name

Precision Marble of Central FL, Inc.

2. Principal Office Address

887 Ocoee-Apopka Rd.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-10-2000

5. FEI Number

52-2257282

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

Elsa Oglesby

600005482856-5

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

300 N. Cypress Way

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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**

Elsa Oglesby

Date 3/28/02

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
<u>P</u>	<u>Elsa Oglesby</u>	<u>300 N. Cypress Way</u>	<u>Casselberry, FL 32707</u>
<u>V</u>	<u>Andrea Greene</u>	<u>300 N. Cypress Way</u>	<u>Casselberry, FL 32707</u>

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:

Andrea Greene

Andrea Greene

3/28/02

407-814-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

PRECISION MARBLE OF CENTRAL FL, INC.
887 Ocoee-Apopka Road Apopka, Florida 32703
Phone: 407-814-8800
Fax: 407-814-8444

March 28, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement of Corporation

To Whom It May Concern:

When working on our corporate tax return last week, we noticed a disillusionment status for our corporation. Prior to this time we were not aware of any problem with the corporation status.

Following the instructions provided by your Reinstatement Section, we must advise that we have not received any uniform business report(s) from the Division of Corporations, or any other correspondence advising us of any problem with our status.

Therefore, enclosed is a check in the amount of \$308.75 to cover the \$300 reinstatement fee and \$8.75 to receive a Certificate of Status.

We appreciate your assistance with this matter and will follow up by calling your office the latter part of next week to confirm receipt and processing of this request for reinstatement.

Cordially,


Elsa Oglesby
President

EO/sjv
Enclosures (2)

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