

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 12 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087055

1. Corporation Name

ARTESANO MARBLE INC.

Principal Place of Business

Mailing Address



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

2561 FOURTH ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2561 FOURTH ST

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2000

5. FEI Number

65-1044555

Applied For

Not Applicable

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33901

Country

USA

Zip

33901

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MIGUEL MORALES	101 SE 17TH TER	DADE CO FL 33007
D/P	GARCIA, MIZEL	2561 FOURTH ST	FT MYERS FL 33901

300008941853
11/12/02 01122-021 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIGUEL MORALES 101 SE 17TH TER DADE CO FL 33007	Name	MIZEL GARCIA	
	Street Address (P.O. Box Number is Not Acceptable)	2561 FOURTH ST	
	Suite, Apt. #, Etc.		
	City	Fort MYERS	State
		Zip Code	33901

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

Mizel Garcia
REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

Mizel Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

CR20040 (8/02)