


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000098524	
1. Entity Name PARKSHORE GRANITE, INC.	

Principal Place of Business 1304 LAKESHORE DR. NAPLES, FL 34103	Mailing Address 1304 LAKESHORE DR. NAPLES, FL 34103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 OCT 23 AM 9:51
REPUBLIC OF STATE
TALLAHASSEE, FLORIDA



10102006	REIN-P	CR2E098 (11/05)	06
4. FEI Number 59-3681497			Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FORERO, ALBERT 1304 LONGSHORE DR. LAKESHORE DR NAPLES, FL 34103		Name FORERO, ALBERT Street Address (P.O. Box Number is Not Acceptable) 1304 LAKESHORE DR City Naples FL Zip Code 34103	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Albert Forero* DATE 10.18.06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FORERO, ALBERT 1304 LONGSHORE DR. NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400081390044 10/31/06--01055--005 **150.00
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
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Albert Forero* DATE 10.18.06 335-262-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2006

PARKSHORE GRANITE, INC.
1304 LAKESHORE DR.
NAPLES, FL 34103

SUBJECT: PARKSHORE GRANITE, INC.
Ref. Number: P00000098524

Pursuant to our telephone conversation of October 10, 2006, I am enclosing a pre-printed reinstatement form, per your request.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2006 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2006 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2006 Annual Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER
Clerk

Letter Number: 906A00060202

I called and a Supervisor told me to send \$150, = fee, because we didn't recieve the annual post card in the mail to fill the reinstatement form