

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 24 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

XXXXXXXXXX9184

1. Corporation Name

GLOBE OF STONE, INC.

2. Principal Office Address

3703 7th ST. W.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES FL

City & State

Zip

33971

Country

LEE COUNTY

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10-20-2000

5. FEI Number

65-1048671

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

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

Name

FRANCISCO C. GUEDES

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

3703 7th ST. WEST

Suite, Apt. #, Etc.

City

LEHIGH ACRES

State

FL

Zip Code

33971

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

Date 1-22-07

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
DPST	FRANCISCO C. GUEDES	3703 7th ST. WEST	LEHIGH ACRES, FL33971

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 contained in Chapter 119, 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

1-22-07 (786) 439-8679

Date

Daytime Phone #

12-15-06

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

RE: Reinstatement of Globe of Stone, Inc.

Gentlemen:

I did not receive any annual report notices for the last six years.

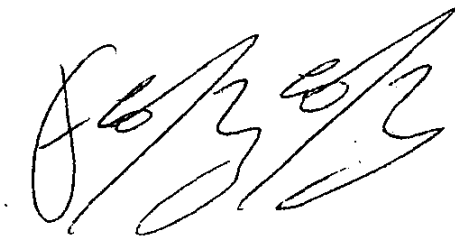
I am enclosing a check in the amount of \$900.00 to pay for the annual report of those years.

I am requesting if you could waive any penalty due at this time.

Thank you for your consideration to this request.

Yours very truly,

Globe of Stone, Inc.

A handwritten signature in black ink, appearing to read 'Francisco C. Guedes', written in a cursive style.

Francisco C. Guedes  
President