

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007734

1. Corporation Name

Elegant Granite & Marble, Inc.

2. Principal Office Address

116 12th St

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleair Beach, FL

City & State

Zip

33786

Country

Pinellas

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/16/2001-

5. FEI Number

59-3692328

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

Joanne Kellikidis

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

116 12 Street

Suite, Apt. #, Etc.

City

Belleair Beach

State

FL

Zip Code

33786

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

J. Kellikidis

REGISTERED AGENT MUST SIGN

Date

2-24-03

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
Pres	Joanne Kellikidis	116 12 Street	Belleair Beach, FL 33786

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:

J. Kellikidis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-03

Daytime Phone #

CR2E081 (10/02)

2/3/00

03

Department of State
Division of Corporations
Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

Please find attached our corporation reinstatement. I was shocked yesterday when I found out that my corporation was dissolved. A friend of mine informed me that my corporation had been dissolved after viewing your web site. I relied on my attorney to set up the corporation and make certain that all filings and payments were made in a timely manner.

We have moved to a new address and I knew nothing about having to file and make payment to the state on the annual report. I never received the annual report in the mail.

Enclosed is a check in the amount of \$ 300.00 which represents annual report fees for 2002 and 2003. Based on the information provided above I am requesting that you waive the \$600.00 reinstatement fee. We are a small business and were relying on others to make certain that all filings with the state are prepared and filed in a timely manner. I apologize for any inconvenience this may have caused.

Sincerely

J. Kellikidis

Joanne Kellikidis
President