

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 OCT 28 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065550

1. Corporation Name

BROTHERSTONE MARBLE & TILE, CORP.

Principal Place of Business

3681 2ND AVE NORTH EAST  
NAPLES FL 34120

Mailing Address

3681 2ND AVE NORTH EAST  
NAPLES FL 34120

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/02/2001

5. FEI Number

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>D</del> PVD	<del>DIAZ, ROLANDO JR</del>	<del>3681 2ND AVE NORTH EAST</del>	<del>NAPLES FL 34120</del>
<del>D</del>	<del>MARTINEZ, ALEJANDRO JR</del>	<del>3681 2ND AVE NORTH EAST</del>	<del>NAPLES FL 34120</del>
P, V, D	DIAZ Rolando Jr.	3681 2AVE NE	NAPLES FL 34120

200008624982

10/28/02-01079-014 \*\*150.00

8. Name and Address of Current Registered Agent

DIAZ, ROLANDO JR  
3681 2ND AVE NORTH EAST  
NAPLES FL 34120

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02

239/354-4010

Daytime Phone #

CR2E040 (8/02)

Florida department of the State

To Whom It May Concern:

I never received an original application if one could be sent to me I would greatly appreciate it. I'm sending the payment in the amount of \$150.00 for my companies my first year in business. I would like to do everything correctly please if there is any error contact me at 239-825-7509 or 239-354-4010

Also Alejandro Martinez is no longer a member of the company.

Rolando Diaz  
President /Director of the company

Thanks for your time.