

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065550

1. Corporation Name

BROTHERSTONE MARBLE & TILE, CORP.

Principal Place of Business

Mailing Address

3681 2ND AVE NORTH EAST
NAPLES FL 34120

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3201 66th SW

3201 66th SW

NAPLES FL

NAPLES FL

34105

Collier

34105

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number

91-2138803

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
PVD	DIAZ, ROLANDO JR	3681 2ND AVE NORTH EAST	NAPLES FL 34120
P	Diaz, Rolando Jr.	3681 2ND AVE NE	NAPLES FL 34120
V	MARTINEZ Alejandro	3201 66th SW	NAPLES FL 34105
D	Aguilar Candido	5000 SW 17 AVE	NAPLES FL 34116

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

3/27/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04
Date

239-354 4010
Daytime Phone # B