

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000081936

1. Corporation Name

STONE SURFACES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~6200 SEA GRASS LANE~~
~~NAPLES FL 34116~~

~~6200 SEA GRASS LANE~~
~~NAPLES FL 34116~~

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

2. New Principal Office Address, If Applicable

~~6895 GOLDEN GATE PARKWAY~~
~~Suite, Apt. #, etc.~~

3. New Mailing Office Address, If Applicable

~~6895 GOLDEN GATE PARKWAY~~
~~Suite, Apt. #, etc.~~

City & State

~~NAPLES FL.~~

City & State

~~NAPLES FL.~~

Zip

~~34105~~

Country

~~USA/COLOMBIA~~

Zip

~~34105~~

Country

~~COLOMBIA~~

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2001

5. FEI Number

~~80-0021425~~

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MOLL, EDWARD	6200 SEA GRASS LANE	NAPLES FL 34116
		6895 GOLDEN GATE PARKWAY	NAPLES FL. 34105
			900013043949
			02/24/03--01094--001 **750.00

8. Name and Address of Current Registered Agent

~~MOLL, EDWARD~~
~~6200 SEA GRASS LANE~~
~~NAPLES FL 34116~~

9. Name and Address of New Registered Agent

Name

~~SAME~~

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

~~6895 GOLDEN GATE PARKWAY~~

Suite, Apt. #, Etc.

City

~~NAPLES~~

State

~~FL~~

Zip Code

~~34105~~

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]
REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

~~2/17/03~~

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~2/17/03 (239) 571-2941~~

Date

Daytime Phone #

CR2E040 (8/02)