

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000097945

1. Corporation Name

VARDELI STONE INCORPORATED

Principal Place of Business

~~111 S LAWSONA BLVD~~
~~ORLANDO FL 32801~~

Mailing Address

P O BOX 1004
WINTER PARK FL 32790

FILED

02 OCT 29 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable

~~1700 PINE AVENUE~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

~~WINTER PARK, FLA~~

City & State

Zip

~~32789~~

Country

~~U.S.A.~~

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2001

5. FEI Number

~~59-375-1616~~

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
PD	DELIMA-VARGAS, ANA M	111 S LAWSONA BLVD 1700 PINE AVE	ORLANDO FL 32801 WINTER PARK, FL 32789
VD	FUMEA, THOMAS W	P O BOX 1004	WINTER PARK FL 32790

700008645497
10/29/02--01043--002 **150.00

8. Name and Address of Current Registered Agent

~~DELIMA-VARGAS, ANA M~~
~~111 S LAWSONA BLVD~~
~~ORLANDO FL 32801~~
1700 PINE AVENUE
WINTER PARK, FL 32789

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

CR2E040 (8/02)

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

10-24-02

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
THOMAS W. FUMEA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02 (402) 599-3399

Date

Daytime Phone #

2082

**VARDELI STONE INC.
P.O. Box 1004
Winter Park, Florida
32790**

**Jim Smith
Secretary of State
Department of State
Division of Corporations**

October 23, 2002

Re: Waiver of Reinstatement Fee

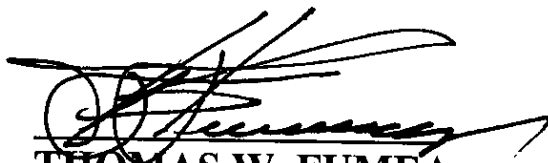
To Whom It May Concern,

We of Vardeli Stone Inc., wish to continue as a corporation in the State of Florida. We have not received the two prior uniform business reports (UBR).

This may be due to our moving to a new principal office address or the fact we are a new corporation and were not aware of the renewal.

Please accept our check in the amount of \$150.00 to remain active.

Thank you,


**THOMAS W. FUMEA
Vice President**