

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 17 AM 11:42

DOCUMENT # P04000106451

1. Corporation Name

Savorto Marble & Granite Desing Corp.

2. Principal Office Address

3268 LK George Cove Dr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32812

Country

Orange

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

same

Country

same

**REINSTATEMENT** 05  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/2/2004

5. FEI Number

26009 26 24

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

Axa Fernandez

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

32812 LK George Cove Dr

Suite, Apt. #, Etc.

Orlando FL 32812

City

Orlando FL 32812

700060299727

10/06/05--01043--013 \*\*15.00

700060299727

10/06/05--01043--014 \*\*8.75

State

FL

Zip Code

32812

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-4-05

**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
P	<u>Axa Fernandez</u>	<u>3268 LK George Cove Dr</u>	<u>Orlando FL 32812</u>
M	<u>Javier Fernandez</u>	<u>3268 LK George Cove Dr</u>	<u>Orlando FL 32812</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-4-05 (407) 3843427

Date

Daytime Phone #

October 13, 2005

Division of Corporations  
PO Box 6327  
Tallahassee Florida 32314

Dear Division of Corporations,

My letter is in regards for a waiver of the reinstatement fee of \$600.00. I did not receive a non-receipt of the original/second notice annual report. Please reconsider waiving the \$600.00 penalty fee.

Thank you for your time and God Bless,

Axa Fernandez

October 4, 2005

Dear Examiner,

My reason for this letter is to inform you that I did not receive the notice you send to stating and additional reinstatement fee. I was also unaware of it for I was out of the country and when I came back I lived in the hospital with my mother and her severe illness, followed by her multiple surgeries. She just recently died on September 28, 2005.

I ask if you can please forgive me the \$600.00 reinstatement fee.

Thank You for your time and God Bless,



Axa Fernandez