

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000119475

1. Corporation Name

Crismar Stone + Marble Design Corp

2. Principal Office Address - No P.O. Box #

5008-1 Richard Lane

Suite, Apt. #, etc.

3. Mailing Office Address

5008-1 Richard Lane

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

Country

32216 Duval

Zip

Country

32216 Duval

7. Name and Address of Current Registered Agent

Name

Onalber Mir-Toppe

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

5008-1 Richard Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1498861

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Onalber Mir-Toppe

Date 2-18-10

REGISTERED AGENT MUST SIGN

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	Onalber - Mir Toppe	4410 Turner Ave	Jacksonville FL 32207
S	Janette Cortez	5465 Standford RD	Jacksonville FL 32207

10. E-mail Address: Crismar Stone@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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:

Onalber Mir-Toppe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-10

Daytime Phone #

FILED

10 FEB 18 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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