

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -3 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000122849

1. Corporation Name

BLUE STONE GRANITE, CORP.

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

117 SOUTH RIVERSIDE DR

3. Mailing Office Address

117 SOUTH RIVERSAIDE

Suite, Apt. #, etc.

APTO# 02

Suite, Apt. #, etc.

APTO # 02

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33052

Country

BROWARD

Zip

33052

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

09072005

5. FEI Number

20-3434645

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

JAIR ALENCAR

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

117 SOUTH RIVERSIDE DR

Suite, Apt. #, Etc.

APTO # 102

City

POMPANO BEACH,

State

FL

Zip Code

33064

☒ 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

Jair Alencar
REGISTERED AGENT MUST SIGN

Date 12/26/2007

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	JAIR ALENCAR	117 SOUTH RIVERSIDE DR # 02	POMPANO BEACH, FL 33052
P	MARCO AURELIO COELHO SIQUEIRA	22189 SW 57TH AVENUE	BOCA RATON, FL 33428

600113644726
01/03/08--01044--006 **300.00

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 contained in Chapter 119, 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:

Jair Alencar

12/26/2007

954-788-1818

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR