

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 2:14

DOCUMENT # **P94000045491**

1. Corporation Name

SOLID SURFACE SPECIALISTS, INC.

Principal Place of Business

Mailing Address

6088 TAYLOR RD
UNIT 4
NAPLES FL 34109
US

6088 TAYLOR RD
UNIT 4
NAPLES FL 34109
US

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



REINSTATEMENT 00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/06/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0522386	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MUSO, ROBERT E SR, VSTD	2396 SPRUCE ST	NAPLES FL 34112
VSTD	MUSO, AMY PD	2396 SPRUCE ST	NAPLES FL 34112

200003454802--2
-11/07/00--01050--003
****750.00 ****750.00

ph 11/6

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PREWETT, DAN
5777 BENEVA RD S, UNIT 14
SARASOTA FL 34233

Name Amy Musso
Street Address (P.O. Box Number is Not Acceptable)
6088 Taylor Rd
Suite, Apt. #, Etc.
Unit 4
City Naples
State FL Zip Code 34109

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.

Signature of Registered Agent

Amy Musso
REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

Amy Musso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Amy S. Musso

10/16/00

941-596-1232
Date Daytime Phone #

CR2E040 (800)