

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

90 MAY 15 11 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

894000070586
DECO WITH MARBLE GRANITE
AND NATURAL STONE INC.

Principal Place of Business

Mailing Address

2103 SW 59 TER.
HOLLYWOOD FL.
33023

2103 SW 59 TER
HOLLYWOOD FL.
33023

700002530437-2
-05/20/98-01093-009
****900.00 ****900.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09-23-1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0524636

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD.	CALIN VASILE R.	1450 ATLANTIC SHORE BLVD. #118 AP #118	HOLLYWOOD FL 33009

REINSTATEMENT 97-98
5-19-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CALIN VASILE R.
2103 SW 59 TER.
HOLLYWOOD FL.
33023

Name
CALIN VASILE R
Street Address (P.O. Box Number is Not Acceptable)
2103 SW 59 TER
Suite, Apt. #, Etc.
City
Hollywood
State
FL
Zip Code
33023

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

✓ Hosile R. CALIN
REGISTERED AGENT MUST SIGN

Date 5-6-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Hosile R. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Apr. 14-98 (954)-
Daytime Phone 906-1233