

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

97 DEC 17 PM 4:03

DOCUMENT # P95000017968 (5)

1. Corporation Name

CAST STONE WORKS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4610 ENTERPRISE AVENUE  
NAPLES, FL 34104

Mailing Address

4610 ENTERPRISE AVENUE  
NAPLES, FL 34104

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

2/27/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0562253

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DEREK ARNOLD	4610 ENTERPRISE AVENUE	NAPLES, FL 34104
D	William A. Kogok	4610 Enterprise Ave.	Naples, FL 34104

8. Name and Address of Current Registered Agent

MICHAEL BAVIELLO, JR  
1025 5TH AVENUE NORTH  
NAPLES, FL 33940

9. Name and Address of New Registered Agent

Name

William A. Kogok

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

601 99th Ave.-N.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

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

*William A. Kogok*

REGISTERED AGENT MUST SIGN

Date 12/12/97

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEREK ARNOLD

12/12/97  
Date

941-435-43575  
Daytime Phone #

CG25040 (12-96)