

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

payeloz

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000040927**

1. Corporation Name

GULFCOAST MARBLE & GRANITE, INC.

Principal Place of Business

6267 LEE ANN LANE
NAPLES FL 34109
US

Mailing Address

6267 LEE ANN LANE
NAPLES FL 34109
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1996

5. FEI Number

65-0660020

Applied For

Not Applicable

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	4 City / State / Zip
PP	CORTES, SERVIO T JR	6267 LEE ANN LANE 6267	NAPLES FL 33902 34109
PD	EDMUNDO A. RODRIGUEZ	6267 LEE ANN LANE	NAPLES FL 33902

Q 4 BR

300008935423
11/12/02--01074--017 **150.00

8. Name and Address of Current Registered Agent

~~WILLIAM J. HAYF~~
~~4532 TAMM TRAIL EAST~~
~~SUITE 401~~
~~NAPLES FL 34109~~

9. Name and Address of New Registered Agent

Name **LAWRENCE PEREZ**
Street Address (P.O. Box Number is Not Acceptable)
27657 OLD 41 ROAD
Suite, Apt. #, Etc.

City **BONITA SPRINGS**

State

FL

Zip Code

34135

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/22/02**

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:

SIGNATURE REQUIRED
SERVIO T. CORTES, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 239-566-7402

Date

Daytime Phone #

P. D. McVitt

GulfCoast Marble & Granite Inc.

♦ ♦
6267 Lee Ann Lane ♦ Naples, FL 33942
Phone (941) 566-7402 ♦ Fax (941) 566-3359

FLORIDA DEPARTMENT OF STATE
Division of corporations
Tallahassee, Fl. 32314

Attention: ~~Mr. Jim Smith~~
Secretary of State

Subject: **APPLICATION FOR REINSTATEMENT**

Dear Mr. Smith:

This letter is to inform you, that I am very surprise to learn of the inactivation of our corporation. Please note that to my knowledge we did not received any correspondence regarding the renovation of our corporation status; this possibly due to the fact that our registered agent which was our lawyer at the time has moved since and he may not have received the application for renewal.

However please note that as of May of this year changes have been made, these have been noted on the new attached application. Additionally a check for \$ 150.00 Dollars as requested is included.

Your cooperation regarding this matter is greatly appreciated. We apologized for this — — — — — delay.

Sincerely,

GulfCoast Marble & Granite, Inc.

By:

[Signature]
Servio T. Cortes Jr. - President