

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

99 DEC 13 AM 9:56

DOCUMENT # **PA6000095028**

1. Corporation Name

C & C MARBLE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**1800 4th AVE NORTH
 LAKE WORTH, FL 33461**

**P.O. BOX 7385
 WEST PALM BEACH,
 FL 33405**

REINSTATEMENT 99

07-27-99-90003-026 \$150.00

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

2. New Principal Office Address, If Applicable

1800 4th AVE NORTH

3. New Mailing Office Address, If Applicable

P.O. BOX 7385

4. Date Incorporated or Qualified To Do Business in Florida

12/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

6607266639

Applied For

Not Applicable

City & State **LAKE WORTH, Fla**

City & State **West Palm Beach, Fla**

Zip **33461**

Country **U.S.A**

Zip **33405**

Country **Palm Beach**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P.	FERNANDO CASAVECCHIA	735 BUTTONWOOD LANE BOYNTON	BOYNTON BEACH FL, 33436
V	GILBERTO CASAVECCHIA	BUBROS ATRES (ARGENTINA)	
			100003070391--1 -12/15/99--01011--006 *****600.00 *****600.00
			12/13

8. Name and Address of Current Registered Agent

**FERNANDO CASAVECCHIA
 735 BUTTONWOOD LANE
 BOYNTON BEACH, FL 33436**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **11-3-99**

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

11/2/99.

Date

561-7920086

Daytime Phone #

CR-2081 (12/98)