

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 NOV -9 PM 5:50

DOCUMENT # P97000004705

1. Corporation Name

LUBERTO'S SAND & STONE, INC.

Principal Place of Business

153 HIGHWAY 98  
EASTPOINT FL 32328

Mailing Address

P O BOX 519  
EASTPOINT FL 32328  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3426174

Applied For

City & State

City & State

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	LUBERTO, PAULA A	623 HWY 98	EASTPOINT FL 32328
P	LUBERTO, JR WILLIAM J	623 HWY 98	EASTPOINT FL 32328

500003481965--1  
-11/30/00--01/01--011  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

LUBERTO, PAULA A  
153 HIGHWAY 98  
EASTPOINT FL 32328

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Paula A. Luberto*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-8-00

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:

*Paula A. Luberto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-00  
Date

850-670-8143  
Daytime Phone #

CR2E040 (3/00)

P97000004705

②

LUBERTO'S  
SAND & STONE INC.  
P O BOX 519 ~ 153 HWY 98  
EASTPOINT, FL 32328  
Ph : 850-670-8143  
Fax : 850-670-8525

TO: DIVISION OF CORPORATIONS

FROM: PAULA LUBERTO

DATE: 11-8-00

PAGES:           

TIME:           

RE:

I am enclosing this completed form you have sent me. I am also sending a check for \$150.00.

I CALLED & SPOKE TO Michelle in your office today. I TOLD HER I HAVE NEVER RECEIVED ANY NOTICE BEFORE THIS ONE ABOUT FILING THIS REPORT. ALL MY OTHER RETURNS HAVE BEEN RETURNED AS DUE OR EXTENSIONS WERE FILED FOR.

PLEASE WAIVE ANY PENALTY YOU MAY HAVE GIVEN US. WE HAVE HAD ALOT OF TROUBLE BOTH RECEIVING OUR MAIL & HAVING OUR MAIL DELIVERED PROPERLY. I HAVE SPOKEN TO OUR POSTMASTER & HER EMPLOYEES SEVERAL TIMES ABOUT THIS MATTER! YOU CAN VERIFY IT WITH THEM IF YOU LIKE.

IN THE FUTURE I WILL TRY TO REMEMBER TO LOOK OUT FOR THIS RENEWAL NEXT YEAR.

BUT WITH ALL THE PAYROLL/EMPLOYMENT/QUARTERLY & ANNUAL TAX REPORTS WE ARE REQUIRED TO SEND, IT'S HARD TO REMEMBER EVERYTHING DUE IF WE DON'T RECEIVE NOTICE IN THE MAIL.

THANK YOU FOR YOUR CONSIDERATION.

Paula Luberto