PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State '

DOCUMENT # **P97000068200**

1. Corporation Name

TUXEDO MARBLE AND GRANITE, INC.

Principal Place of Business

Mailing Address

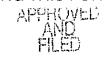
3114 TUXEDO AVE

SIGNATURE:

3114 TUXEDO AVE.

WEST PALM BEACH FL 33409

WEST PALM BEACH FL 33405



02 FEB -8 AM 9:06.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

			US				RFINS	TATEMEN	T20	01-2602	
		incorrect in any way, line thr Address, If Applicable			ormation and enter correction below. g Office Address, If Applicable				COLUMN TO SERVICE		
· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							4. Date Incorporated or Qualified To Do Business in Florida 08/07/1997				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				~5,~FEI Numbe	W		Applied For		
City & State			City & State					65-0784627		Not Applicable	
Zip	p Country Zip				Country	/	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee refor a Certificate of St				
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corpora	tions must list at lea	st 3 directors)	,			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
D	COIRO, DANIEL			690 WASHINGTON AVE				CARLSTADT NJ 07072			
D	CAPOZZA, JOSEPH			690 WASHINGTON AVE				CARLSTADT NJ 07072			
М	COIRO, MICHAEL F			3114 TUXEDO AVE.				W. PALM BEACH FL 33405			
						1 .	, 7C	0004982 -02/21/02- ****750.00	2057 01077- ****	77 -021 750.00	
								0004982 -02/21/02 ****150.00	2057 01077-	-022	
	8. Nam	e and Address of Current	Registered Age	int	Name .	9. Name and	Address of New Register	ed Agent			
BOYLE, CONRAD J 500 E BROWARD BLVD STE 1950 FT LAUDERDALE FL 33394						Street Address (P.O. Box Number is Not Acceptable) . 3114 TOXED Ave Suite, Apt. #, Etc.					
10. I, being appointed the registered agent of the above named corporation, am familiar						City State Zip Code State Zip Code 33 40 5				340 5	
10. I, being	appointed th	e registered agent of the abo	ive named corpo	7		th and accept the ob	bligations of Sect	ion 607.0505, F.S.	' /	4	

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.