

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 FEB -8 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000068200**

1. Corporation Name

TUXEDO MARBLE AND GRANITE, INC.

Principal Place of Business

3114 TUXEDO AVE
WEST PALM BEACH FL 33409

Mailing Address

3114 TUXEDO AVE.
WEST PALM BEACH FL 33405
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1997

5. FEI Number

65-0784627

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001-2002

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
D	COIRO, DANIEL	690 WASHINGTON AVE	CARLSTADT NJ 07072
D	CAPOZZA, JOSEPH	690 WASHINGTON AVE	CARLSTADT NJ 07072
M	COIRO, MICHAEL F	3114 TUXEDO AVE.	W. PALM BEACH FL 33405
			700004982057--7 -02/21/02--01077--021 ****750.00 ****750.00
			700004982057--7 -02/21/02--01077--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

BOYLE, CONRAD J
500 E BROWARD BLVD STE 1950
FT LAUDERDALE FL 33394

9. Name and Address of New Registered Agent

Name

MICHAEL F. COIRO

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

3114 Tuxedo Ave

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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

Michael F. Coiro
REGISTERED AGENT MUST SIGN

Date

1/16/02

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:

Michael F. Coiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/02 561 478-8555

Daytime Phone #

CR2E040 (9/01)