

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 OCT 23 PM 3:23

DOCUMENT # **P98000026941**

1. Corporation Name

TECHMARBLE & GRANITE, INC.

Principal Place of Business

9701 NE 4TH AVENUE
MIAMI SHORES FL 33138

Mailing Address

9701 NE 4TH AVENUE
MIAMI SHORES FL 33138

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

03/23/1998

5. FEI Number

65-0824978

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
D	WENDLING, MITCHELL T	9701 NE 4TH AVENUE	MIAMI SHORES FL 33138

100003457521--6

-11/08/00--01065--022

****750.00 ****750.00

8. Name and Address of Current Registered Agent

WENDLING, MITCHELL T
9701 NE 4TH AVENUE
MIAMI SHORES FL 33138

9. Name and Address of New Registered Agent

Name

MITCHELL WENDLING

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

9701 NE 4TH AVE

Suite, Apt. #, Etc.

City

MIAMI SHORES

State

FL

Zip Code

33138

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/13/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

(954)
610-8148

Daytime Phone #

KE

CR2E040 (8/00)