## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR . REINSTATEMENT.



## FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

P98000103811

1. Corporation Name

LAKE MARBLE AND GRANITE INC.

Mailing Address

31130 INDUSTRY DR. TAVARES FL 32778

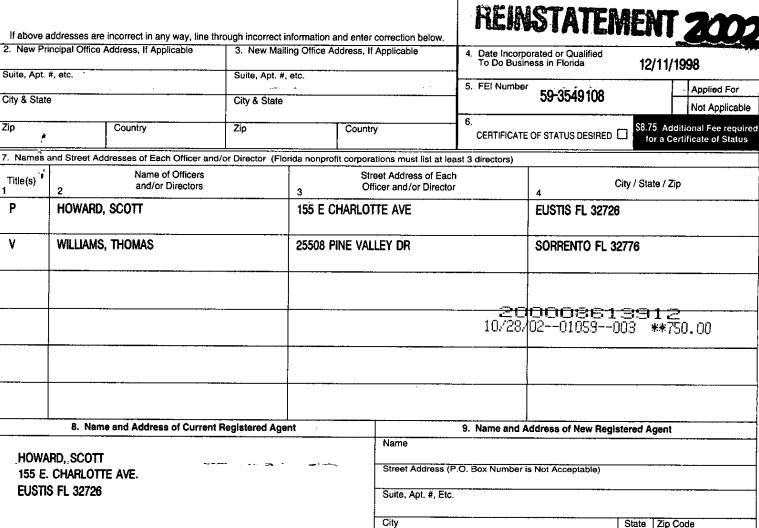
Principal Place of Business

31130 INDUSTRY DR. TAVARES FL 32778

FILED.

02 OCT 28 AM 10: 33

SECRETARY OF STATE TALLAHASSEE. FLORIDA



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.

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #