

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

DOCUMENT # P99000058310

1. Corporation Name

CESAR-STONE, INC.

00 OCT 23 PM 1:15

Principal Place of Business

Mailing Address

1061 S.W. 3RD ST.
HALLANDALE FL 33009

1061 S.W. 3RD ST.
HALLANDALE FL 33009



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

06/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0937115

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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
D	ENCARNACION, CESAR	1061 S.W. 3RD ST.	HALLANDALE FL 33009
			500003458065--9 -11/09/00 01017--016 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ENCARNACION, CESAR
1061 S.W. 3RD ST.
HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 10-18-00

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

10-18-00
Date

934-610-2267
Daytime Phone #

10-18-00

Document # 299000058310

CESAR STONE INC.

1061 S.W. 3rd ST

Hallandale FL 33009

TO whom it MAY CONCERN:

I'VE JUST RECENTLY RECEIVED THIS NOTICE
OF ADMINISTRATIVE DISSOLUTION OR REVOCATION ON
10-12-00. I FEEL THAT THERE HAS BEEN SOME
TYPE OF ERROR MADE WITH MY FILE. I NEVER
RECEIVED ANY OTHER TYPE OF NOTICES REGARDING
ANY PAYMENTS OR FEES. PLEASE REVIEW MY FILE.

I'VE ENCLOSED A CHECK FOR:
150⁰⁰ REGULAR FILING FEE.

ANY QUESTION PLEASE CONTACT

CESAR ENCARNACION

954-454-0602

954-610-2267

Thank you

X. 