

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 MAR -7 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA000076695**

1. Corporation Name

**Imperial Stonecare, Corp.**

2. Principal Office Address

**2900 NW 77th Ct**

Suite, Apt. #, etc.

**N/A**

City & State

**Miami Florida**

Zip  
**33122**

Country  
**USA**

3. Mailing Office Address

**2900 NW 77th Ct**

Suite, Apt. #, etc.

**N/A**

City & State

**Miami Florida**

Zip  
**33122**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/25/1999**

5. FEI Number

**65-0956811**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**John P. Corrigan**

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

**4444 Brickell Avenue**

Suite, Apt. #, Etc.

**Suite 300**

City

**Miami**

**500005183575-4**

**04/02/02-01058-116**

**\*\*\*\*300.00 \*\*\*\*300.00**

State

**FL**

Zip Code

**33131**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**John P. Corrigan**

REGISTERED AGENT MUST SIGN

Date **Feb. 28, 2002**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	John P. Corrigan	6230 SW 49 Street	Miami FL 33155
T	Alvaro Salcedo	1534 Sopera Ave	Coral Gables FL 33134
S	Sergio A Gomez	517 Madeira Ave	Coral Gables FL 33134
AS	Juan B. Gomez	517 Madeira Ave	Coral Gables FL 33134

10. 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:

**John P. Corrigan**

**Feb 28, 2002 305-358-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

**Imperial Stonecare, Corp.**  
2900 NW 77<sup>th</sup> Court  
Miami, Fl. 33122

March 5, 2002

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

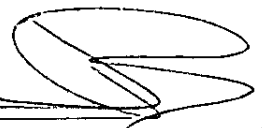
Enclosed please find the Form for "Corporation Reinstatement" and a check for \$300.00 to cover the Uniform Business Report for the years 2001 and 2002.

Our offices were originally located on 2900 NW 77<sup>th</sup> Court, Miami, Florida 33122, during last year that place was remodeling and our offices were change to a different location. For that reason we failed to receive and file the "Uniform Business Report".

These circumstances beyond our control are resulting in penalties that are in your hands to wave.

Please, accept this letter as our formal petition to wave the reinstatement penalty charge of \$600.00.

Thank you in advance for your time and understanding.



Juan Gomez  
A.S., (305) 592-0029