

11/18/96 15:03

FD-200 10-22-93

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 DEC -3 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

54069

1. Corporation Name

ALL-STATE STONE SYSTEMS INC.
P.O. BOX 580
JENSEN BEACH, FL 34957

Mailing Address

Principal Place of Business

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0266484

Applied For

City & State

City & State

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	DAVID A. WILKINSON	128 19th AVE	PATERSON, NJ 07513
			700002019447--1
			-12/04/96--01064--006
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION
SYSTEMS, INC.
1201 HAYES STREET
TALLAHASSEE, FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Vicki Schriber - Asst. V.P.

REGISTERED AGENT MUST SIGN

Date 12/2/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for

national information.)

12. Does this corporation pay any Intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or a 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.; and that all fees owed by the corporation have been paid. 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: