

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S75003

1. Corporation Name

Guido marble & Granite Inc.

2. Principal Office Address - No P.O. Box #

7200 Rose Avenue
Orlando, FL 32810-3415
Suite, Apt. #, etc.

3. Mailing Office Address

7200 Rose Avenue
Orlando, FL 32810-3415
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number 59-3079575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Guidetti Guido

Street Address (P.O. Box Number is Not Acceptable)
7200 Rose Avenue

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32810

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 05/03/2007

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	Guidetti Guido	7200 Rose Avenue	Orlando, FL 32810
Sd	Guidetti Guido	7200 Rose Avenue	Orlando, FL 32810

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 contained in Chapter 119, 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:

Guido Guidetti (pres.) 05/03/2007 407-291 1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 MAY -7 AM 8:41
ALLAH STATE
ALLAH STATE, FLORIDA

REINSTATEMENT 02-07

CR2E081 (1/07)

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