2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 OCT 26 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10072004 REIN-P CR2E098 (6/04)

DOCUMENT # P02000027767

1. Entity Name
MADRIGAL MARBLE & TILE, INC.

Principal Place of Business	Mailing Address
744 NW 30 PL MIAMI, FL 33125	744 NW 30 PL MIAMI, FL 33125

2. Principal Place of Business	3. Mailing Address
Madrigal Marble & Tile, Inc.	744 NW 30th place
Suite, Apt. #, etc. House	Suite, Apt. #, etc. House
City & State Miami, Fl.	City & State Miami, FL.
Zip 33125 Country USA	Zip 33125 Country USA

4. FEI Number 36-4491288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADRIGAL, OSCAR 744 NW 30 PL MIAMI, FL 33125	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Oscar E Madrigal (Signature, typed or printed name of registered agent and title if applicable.) 10/20/04 DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADRIGAL, OSCAR 744 NW 30 PL MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Oscar E. Madrigal, 10/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #