PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION** ~~P02000062886~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 30 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P02000062886~~ P03000009844

**1.** Corporation Name

QUALITY STONE BY MARTILE, INC

100040731351
09/01/04--01046--002 **150.00

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 16900 N BAY ROAD | |
| Suite, Apt. #, etc.: 1807 | Suite, Apt. #, etc. |
| City & State: SUNNY ISLES BEACH, FLORIDA | City & State |
| Zip: 33160 / Country: USA | Zip / Country |

**4.** Date Incorporated or Qualified To Do Business in Florida: 01/27/2003

**5.** FEI Number: 04-3737193 ☐ 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: EFRAIN MALAVER

Street Address (P.O. Box Number is Not Acceptable): 16900 N BAY RD

Suite, Apt. #, Etc.: 1807

City: SUNNY ISLES BEACH | State: FL | Zip Code: 33160

**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 _____ Date 8/20/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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 |
|---|---|---|---|
| P/D | MALAVER, EFRAIN | 16900 N BAY RD STE 1807 | SUNNY ISLES, FL 33160 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**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:** _____ EFRAIN MALAVER — 8/20/2004 — (305) 986-2719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

Miami August 26, 2004

Florida Division of Corporations
Reinstatement Division

Ref: Quality Stone by Martile, Inc
P02000062686

Gentlemen/Madam:

Enclosed you will find the annual report form along with a check for $150.00 payable to the Florida Department of State to properly up-date the above mentioned corporation.

Unfortunately, we moved our business from the address that we open the corporation as you can see in the attached photocopy. We notice that our corporation will be dissolve by an occasional talking with our accountant. This action cost to us several problems, including the missing of the annual report to your office.
I request to place this corporation in its current status waiving any late fees due to explanation written above

Thank you in advance for your prompt attention in this matter and if you should have any question regarding this letter do not hesitate to contact me at the new address listed in the annual report.

Sincerely,

Efraim Malaver
President