

Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000002006

P03000009844

1. Corporation Name

QUALITY STONE BY MARTILE, INC

2. Principal Office Address

16900 N BAY ROAD

3. Mailing Office Address

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2004

Date

(305) 986-2719

Daytime Phone #

CR2E081 (5/04)

Page 2 of 2

Miami August 26, 2004

Florida Division of Corporations
Reinstatement Division

Ref: Quality Stone by Martile, Inc
P02000062686

Gentlemen/Madam:

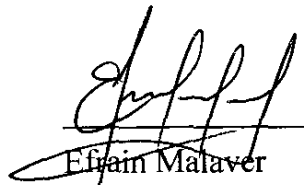
Enclosed you will find the annual report form along with a check for \$150.00 payable to the Florida Department of State to properly up-date the above mentioned corporation.

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