



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000087870				
1. Corporation Name EMPIRE MARBLE DESIGN CORP 4887 POND APPLE SOUTH 4887 POND APPLE SOUTH				
2. Principal Office Address 4887 POND APPLE SOUTH Suite, Apt. #, etc.		3. Mailing Office Address 4887 POND APPLE SOUTH Suite, Apt. #, etc.		
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA		
Zip 34119	Country USA	Zip 34119	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida August 13, 2002				
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name CARLOS SAIZ				
Street Address (P.O. Box Number is Not Acceptable) 4887 POND APPLE SOUTH				
Suite, Apt. #, Etc.				
City NAPLES, FLORIDA				
State FL		Zip Code 34119		
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 8-27-04		
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	Gabriel Albormoz	175 9th street	Naples, Florida 34120	
V	Carlos Saiz	4887 Pond Apple South	Naples, Florida 34119	
S	Maria Saiz	4887 Pond Apple South	Naples, Florida 34119	
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)(f), 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:  CARLOS SAIZ 8-27-04 239-503-5613				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				
Date Daytime Phone #				

FILED
04 AUG 31 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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