PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 19 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 97-03

900025650509
12/19/03--01055--021 **1658.75

MRS

DOCUMENT # F95000002041

1. Corporation Name
INNOVATIVE MARBLE & TILE, INC.

2. Principal Office Address	3. Mailing Office Address
130 Motor Parkway	130 Motor Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hauppauge, NY	City & State: Hauppauge, NY
Zip: 11788 Country: USA	Zip: 11788 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/27/1995

5. FEI Number: 11-2569015 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Nancy Kramer

Street Address (P.O. Box Number is Not Acceptable): 1443 Harrison Street

Suite, Apt. #, Etc.:

City: Hollywood State: FL Zip Code: 33020

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Nancy M Kramer Date: 12/17/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	PEARSE, KAREN	8 TRUXTON ROAD	DIX HILLS, NY 11746
C	KALISKI, THOMAS	55 MARION LANE	JERICHO, NY 11752
V	CIPOLLA, ROSALIE	12 NORTH HARBOR DRIVE	SAG HARBOR, NY 11963
CFO	KOPAZ, JAMES	5 GERHARDY STREET	EAST ISLIP, NY 11730
P	JACOBS, GARY	208 BAY DRIVE	MASSAPEQUA, NY 11758

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: James A Kopaz Date: Daytime Phone #:
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON, OFFICER OR DIRECTOR
James A. Kopaz, CFO