PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  $\mathsf{APPROVE}_{\mathsf{H}}$ FLORIDA DEPARTMENT OF STATE **APPLICATION** AND Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 NOV 17 PM 2: 40 DOCUMENT # K66668 SECRETARY OF STATE TALL AHASSEE, FLORIDA 1. Corporation Name R & S MARBLE DESIGNS, INC. Principal Place of Business Mailing Address 100 RICH STREET 100 RICH STREET VENICE FL 34292 VENICE FL 34292 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 02/13/1989 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0101505 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Title(s) PD HUTCHINS, STEVE A. 2883 CERULLO STREET NORTH PORT FL 34287 ST HUTCHINS, REBECCA E. 2883 CERULLO STREET NORTH PORT FL 34287 G00002350336-- 4 -11/18/97--01042--019 \*\*\*\*750.00 \*\*\*\*750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name HUTCHINS, STEVE A. Street Address (P.O. Box Number is Not Acceptable) 2883 CERULLO STREET Suite, Apt. #, Etc. NORTH PORT FL 34287 City State Zip Code am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corporation, Signature of Registered Agent 11. This corporation owes or has paid the current year (See other side for Information on intangible tax.) Yes 🔀 Intangible Personal Property tax due June 30. 12. Loertify 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 eath.

REBECCA E. HUTCHINS 10-24-97