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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 686-5442

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

DESIGN MARBLE MANUFACTURING, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000012409			
1. Limited Liability Company's Name DESIGN MARBLE MANUFACTURING, L.L.C.			
2. Principal Office Address 5487 Maule Way, #58 Suite, Apt. #, etc. Magnolia Park		3. Mailing Office Address 5487 Maule Way, #58 Suite, Apt. #, etc. Magnolia Park	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip	County	Zip	County
		4. State/Country of Formation USA	
		5. Date Organized or Qualified To Do Business in Florida 10/12/2000	
		6. FEI Number 85-1010629	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		55.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Michael K. Miller			
Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Blvd.			
Suite, Apt. #, Etc. Suite 1200			
City West Palm Beach		State FL	Zip Code 33409

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Michael K. Miller Date: 11/05/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Managing Member	Dunphy, Paul A.	5487 Maule Way, #58	West Palm Beach, FL 33407

REINSTATEMENT

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608 F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the limited liability company name satisfied the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Paul A. Dunphy Date: November 5, 2002 Daytime Phone #: (561) 848-6310

Typed or printed name of signing Member/Manager: Paul A. Dunphy, Its Managing Member H02000222780 7