

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000012409

LIMITED LIABILITY COMPANY REINSTATEMENT  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012409

1. Limited Liability Company's Name

DESIGN MARBLE  
MANUFACTURING

2. Principal Office Address

5487 MAULE WAY #58

Suite, Apt. #, etc.

58

City & State

WPB, FL

Zip

33407

Country

US

3. Mailing Office Address

5487 MAULE WAY

Suite, Apt. #, etc.

58

City & State

WEST PALM BEACH, FL

Zip

33407

Country

US

4. State/Country of Formation

FLORIDA, US

5. Date Organized or Qualified To Do Business in Florida

6/1/2000

6. FEI Number

65-1059924

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JEFF COULTER

700023831427

10/15/03--01084--011 \*\*159.00

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

966 SUMMIT LAKE DR

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

Jeff Coulter

REGISTERED AGENT MUST SIGN

Date

10/10/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
VP	ERNST LAMARRE	1225 18TH AVE N	LAKE WORTH, FL 33460
OWNER	PAUL DUNPHY	8 NOTTINGHAM DR	OLD LIME, CT

REINSTATEMENT 03-015  
dec

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 satisfies the requirements of section 608.406, 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

Jeff Coulter

Date

10/10

Daytime Phone #

561-282-7654

Typed or printed name of signing Managing Member/Manager

JEFF COULTER

CR20041 (10/02)