


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000000299	
1. Entity Name GIL MARBLE AND GRANITE LLC	

FILED

2007 MAR -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10600 LA PLACIDA DRIVE CORAL SPRINGS, FL 33065	Mailing Address 10600 LA PLACIDA DRIVE CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # 10640 LA PLACIDA DRIVE	3. Mailing Address 10640 LA PLACIDA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Coral Springs FL	City & State Coral Springs FL
Zip 33065	Zip 33065
Country	Country

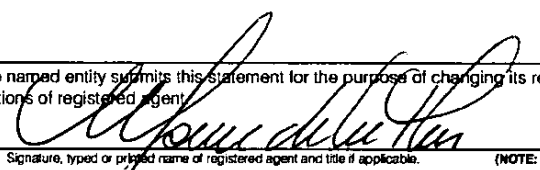
02182007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent NARVAEZ, GENARO 10600 LA PLACIDA DRIVE CORAL SPRINGS, FL 33065	
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4. FEI Number 20-2085785	Applied For Not Applicable
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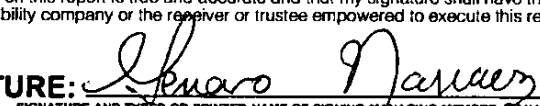
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name 10640 LA PLACIDA DRIVE Street Address (P.O. Box Number is Not Acceptable) Coral Springs City FL Zip Code 33065	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 2/1/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NARVAEZ, GENARO 10600 LA PLACIDA DRIVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10640 LA PLACIDA Coral Springs FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600091010196 03/06/07--01022--012 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06-07 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	Date: 2/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	