


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
 04 JUN 16 PM 12:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P00000020002

1. Corporation Name

Alamar Marble & Granite, Inc.

2. Principal Office Address

311 West Ansin Blvd.

Suite, Apt. #, etc.

City & State

Hallandale, Florida

Zip

Country

33009

USA

3. Mailing Office Address

311 West Ansin Blvd.

Suite, Apt. #, etc.

City & State

Hallandale, Florida

Zip

Country

33009

USA

**REINSTATEMENT** 03-24

4. Date Incorporated or Qualified To Do Business in Florida

2/25/2000

5. FEI Number

65-0994423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Harry J. Ross, Esquire

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

6100 Glades Road

Suite, Apt. #, Etc.

Suite 211

City

Boca Raton

State

FL

Zip Code

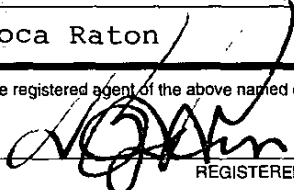
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 6/15/04

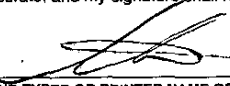
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	M. Mario Rocha	1700 Bloomsburry Ave.	Ocean, NJ 07712
S	Mario A. Rocha	21205 Yacht Club Drive	Aventura, FL 33180
T	M. Mario Rocha	1700 Bloomsburry Ave.	Ocean, NJ 07712

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date 6/15/04

Daytime Phone # 978-454-6844

CR2E001 (01/04)