

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILE

06 OCT 13 11:43 AM

SEC.  
TALLAM

DOCUMENT # P00000113779.

1. Corporation Name

AI'S MARBLE & GRANITE CORP.

2. Principal Office Address

8790 SW 213 TER.

Suite, Apt. #, etc.

3. Mailing Office Address

13615 S. Dixie Hwy.

Suite, Apt. #, etc.

535

City & State

MIAMI FLA.

City & State

FLA.

Zip

33189

Country

USA.

Zip

33176

Country

U.S.A.

**REINSTATEMENT**

01-06

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2000

5. FEI Number

65-1061379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

HORACIO ALBERTO BARRERA

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

8790 SW 213 TER.

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33189

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/10/06

**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
PRESIDENT	HORACIO ALBERTO BARRERA	8790 SW 213 TER.	MIAMI FLA 33189

100080832881  
10/13/06--01053--009 \*\*908.75

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06

Date

305-710-3972

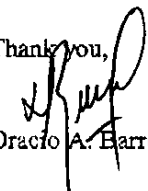
Daytime Phone #

282

To Whom It May Concern:

I Mr<sup>HO</sup>Oracio A. Barrera never received a notification for payment of AL'S MARBLE & GRANIT CORPORATION. In order to activate he is sending the payment of \$900.00. If you have any questions don't hesitate to call me at (305) 710-3972.

Thank you,

  
HOracio A. Barrera