

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900010955969
01/27/03--01060--005 **750.00

DOCUMENT # **P00000114636**

1. Corporation Name

J.V.C. MARBLE, INC.

Principal Place of Business

**2261 SOUTHWEST 67TH AVENUE
MIRAMAR FL 33023**

Mailing Address

**2261 SOUTHWEST 67TH AVENUE
MIRAMAR FL 33023**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT **02**

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/2000

5. FEI Number

65-1063006

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SALDARRIAGA, JOHN J	2261 SOUTHWEST 67TH AVENUE	MIRAMAR FL 33023

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name **Gloria I Duque**
Street Address (P.O. Box Number is Not Acceptable)
242 Riverwalk Circle
Suite, Apt. #, Etc.
City **Weston** State **FL** Zip Code **33326**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/23/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-03 9548188199

Date

Daytime Phone #

CR2E040 (8/02)