

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012068

1. Corporation Name

UNIQUE MARBLE & GRANITE CENTER, INC.

Principal Place of Business

Mailing Address

3048C W THARPE ST  
TALLAHASSEE FL 32302

3048C W THARPE ST  
TALLAHASSEE FL 32302

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/2001

5. FEI Number

59-3732895

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CAMPOS, MAURICIO	3048C W THARPE ST	TALLAHASSEE FL 32302
DST	MARCHELLI, ROSANA	3510 SW 174 WAY	MIRAMAR FL 33029

800008626178

10/28/02--01087--004 \*\*150.00

Pluh

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCHELLI, ROSANA  
3510 SW 174 WAY  
MIRAMAR FL 33029

Name

Mauricio Campos

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

3048-C W Tharpe St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

CR2E040 (8/02)

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

Mauricio Campos

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-24-02

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:

Mauricio Campos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

Unique Marble & Granite, Inc.  
3048-C W Tharpe St  
Tallahassee, FL 32303  
Phone No. (850) 574-4408  
Fax No. (850) 574-2335

Document # **P01000012068** — —

Two whom it may concern:

Please forgive me for the delay this is my first year in business and I recall sending the 2002 Corporation Annual Report but I don't recall sending any check and I think that is what happen.

If you have any questions please feel free to contact me at the number listed above.

Sincerely,

  
Mauricio Campos  
President