


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

192

<b>DOCUMENT # P01000012068</b> 1. Entity Name <b>UNIQUE MARBLE &amp; GRANITE CENTER, INC.</b>						<b>FILED</b> <b>05 FEB -8 PM 4:22</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT 04-05</b>	
Principal Place of Business <b>3048C W THARPE ST TALLAHASSEE, FL 32303</b>				Mailing Address <b>3048C W THARPE ST TALLAHASSEE, FL 32303</b>			
2. Principal Place of Business <b>282 Crossway Rd</b> Suite, Apt. #, etc.				3. Mailing Address <b>282 Crossway Rd</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee, Florida</b> Zip Country <b>32305 USA</b>				City & State <b>Tallahassee, Florida</b> Zip Country <b>32305 USA</b>			
4. FEI Number <b>59-3732895</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CAMPOS, MAURICIO 4341 SNOOPY LN TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 <u>Mauricio Campos</u> (NOTE: Registered Agent signature required when reinstating) DATE							
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, EFFEN 2765 W THARPE ST. #108 TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mauricio Campos 4341 Snoopy Lane Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, OMAR 2765 W. THARPE ST. #129 TALLAHASSEE, FL 32303 <input checked="" 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	P CAMPOS, MAURICIO 4341 SNOOPY LN TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300046250308 02/18/05--01005--012 ***300.00 <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	<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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Mauricio Campos</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/7/05 (850) 228-3058 Date Daytime Phone #			

February 07, 2005

2082

Unique Marble & Granite Center, Inc.

Document # PO1000012068

Please wait my penalty charges for 2004.  
I never received an annual report letter.

Thank you, *Mauricio Cruz*

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