

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 19 AM 8:00

DOCUMENT # *PO1000020812*

1. Corporation Name
*FREDDY MARBLE, TILES & FLOOR
RESTORATION CORP.*

2. Principal Office Address
16701 NE 21ST AVE

3. Mailing Office Address
16701 NE 21ST AVE

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
NORTH MIAMI BEACH, FL

City & State
NORTH MIAMI BEACH, FL

Zip
33162

Country
MIAMI-DADE

Zip
33162

Country
MIAMI-DADE

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida
2/23/2001

5. FEI Number
65-1081362

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 *FREDDY ORLANDO CASTILLO* *400023213274*
 Street Address (P.O. Box Number is Not Acceptable) *16701 NE 21ST AVE*
 Suite, Apt. #, Etc. *202*
 City *NORTH MIAMI BEACH* State *FL* Zip Code *33162*

MRS

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]*

Date

REGISTERED AGENT MUST SIGN

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
<i>Pres</i>	<i>FREDDY ORLANDO CASTILLO</i>	<i>16701 NE 21ST AVE 202 OFFICER</i>	<i>NORTH MIAMI BEACH FL 33162</i>
<i>VP</i>	<i>ARLEN O HERNANDEZ</i>	<i>4000 N. MIAMI AVE #51502 OFFICER</i>	<i>MIAMI FL 33136</i>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FREDDY MARBLE, TILES & FLOOR RESTORATION CORP.

16701 NE 21ST AVE
SUITE 202
NORTH MIAMI BEACH, FL 33162

Tuesday, September 16, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 323214

Subject: FREDDY MARBLE, TILES & FLOOR RESTORATION CORP.
Reference Number: P01000020815
Letter Number: 003A00043038

To Whom It May Concern:

In reference to you letter dated July 24, 2003, we are requested to pay a balance of \$570.00, we feel this is an error.

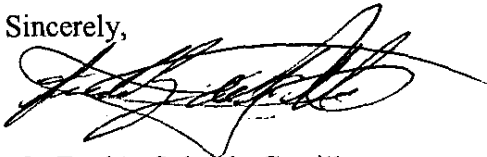
We never received our annual report/uniform business report forms, we are requesting a wavier for the fees.

As our letter dated June 24, 2003, our language verbal age was not clear, you returned the amount of \$165.00 dollars to us, as you have requested in our conversation dated Monday, September 15, 2003, you have asked us to forward the payment and the fee's, and a statement that we had never received any forms from the Florida Department of State, Division of Corporations.

We are returning the annual report/uniform business report/reinstatement application as requested.

If you have additional questions please contact our business consultant Mr. Reuben Mario La Brado, at 305-793-6287.

Sincerely,



Mr. Freddy Orlando Castillo