


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 03 DEC 12 PM 11:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P01000027984 1. Corporation Name DECO & PRECISION MARBLE & TILE, INC.				
2. Principal Office Address 7788 West 2nd Court Suite, Apt. #, etc.		3. Mailing Office Address 7788 West 2nd Court Suite, Apt. #, etc.		
City & State Hialeah Florida		City & State Hialeah Florida		
Zip 33014	Country U.S.A.	Zip 33014	Country U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida 03/19/2001			5. FEI Number 65-1085889	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status				

7. Name and Address of Current Registered Agent			
Name RAMON OLIVA			
Street Address (P.O. Box Number is Not Acceptable) 7788 West 2nd Court			
Suite, Apt. #, Etc.			
City Hialeah		State FL	Zip Code 33014

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 Ramon Oliva RAMON OLIVA Date 12/10/2003

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
DP	RAMON OLIVA	422 East 37th Street	Hialeah Florida 33013-2788
DVP	ALEXIS OLIVA	422 East 37th Street	Hialeah Florida 33013-2738
			000026611480 01/09/04--01060--020 **8.75

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 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: Ramon Oliva RAMON OLIVA Date 12/10/2003 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #