

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1/2

05 JUL 14 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Marble Wonders, Inc. P01000052317

2. Principal Office Address

1029 SW Macedo Blvd.

3. Mailing Office Address

1029 SW Macedo Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34983

Country

Zip

34983

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2001

5. FEI Number

65-1106711

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-05

7. Name and Address of Current Registered Agent

Name

CORPORATE CREATIONS NETWORK INC.

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

11380 Prosperity Farms Road #221E

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code
33410

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]

Karla Sarria

VP Corporate Creations

Date 7/13/2005

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
D	Nelson Suarez	1029 SW Macedo Blvd.	Port St. Lucie, FL 34983
D	Esteban Arias	1029 SW Macedo Blvd.	Port St. Lucie, FL 34983

600057892706
07/28/05--01007--023 **300.00

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] as attorney in fact
for:
Nelson Suarez

7/13/2005

Date

305-672-0686

Daytime Phone #

CR2E081 (01/05)

2/2

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Marble Wonders, Inc.

Enclosed are the following:

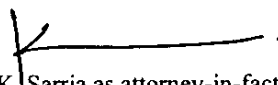
1. Uniform Business Report for the company referenced above.
2. \$300.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004 and 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:


by K. Sarria as attorney-in-fact

Name: Nelson Suarez

Title: Director

Date: