

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000062014**

1. Corporation Name

MARBLE FLOORS RESTORATION R.M. INC.

Principal Place of Business

640 NW 13TH ST., APT. 11
BOCA RATON FL 33486

Mailing Address

640 NW 13TH ST., APT. 11
BOCA RATON FL 33486

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2001

5. FEI Number

65-1115607

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
PD	MACUADO, OSCAR	640 NW 13TH ST., APT. 11	BOCA RATON FL 33486
VD	MACUADO, ROLAND	640 NW 13TH ST., APT. 11	BOCA RATON FL 33486

700024187817
10/28/03--01013--001 **150.00

8. Name and Address of Current Registered Agent

MACUADO, OSCAR
640 NW 13TH ST., APT. 11
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10-21-03**

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:

OSCAR F. MACUADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03

Date

(786) 443-0193

Daytime Phone #

CR2EG40 (7/03)

Miami, October 20, 2003

Florida Department of State
Tallahassee, Florida 32314


Dear Sirs:

This is to certify that, we never received the first application for Filing Fees
Renewal.

This is the only reason for failure to pay the Filing Fees.

Please take this is consideration, in order to the filing procedure.

Sincerely,


Oscar Macuado
President

STATE OF FLORIDA
COUNTY OF MIAMI-DAD

Sworn (or affirmed) and subscribed before me this 20th day
of Oct, 2003, by OSCAR MACUADO
(Name of Person Making Statement)


(Signature of Notary Public, State of Florida)

JOSE C. JIMENEZ
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known ☒ or Produced Identification ☐
Type of Identification Produced _____



Jose C. Jimenez
Commission #DD159168
Expires: Oct 30, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

