

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC -2 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065205

1. Corporation Name

A-1 MARBLE POLISH & RESTORATION SERVICE INC.

Principal Place of Business

4640 SW 94 CT
MIAMI FL 33165

Mailing Address

~~4640 SW 94 CT
MIAMI FL 33165~~

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

~~FDA~~
3124 SW 12 AVE
MIAMI, FL
33130 USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number

65-1118089

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
D/P	MARICHAL, MONICA M	4640 SW 94 CT	MIAMI FL 33165
			500025164615 12/02/03--01060--017 **150.00

8. Name and Address of Current Registered Agent

MARICHAL, MONICA M
4640 SW 94 CT
MIAMI FL 33165

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

Monica Marichal
REGISTERED AGENT MUST SIGN

Date

11/14/03

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:

M. Marichal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/03

Daytime Phone #

CR2E040 (7/03)

DATE: NOVEMBER 14, 2003

**TO: SHAWN TONER
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

Dear Mr. Toner:

As we explained to you, our mailing and business address is our personal home and we have many difficulties with business-related correspondence being delivered to our house. One of these has been a form from your department to renew our corporation. We did not receive the first two mailings that you indicated but we did receive the one where the corporation has been dissolved.

We are enclosing this report and our payment of \$150.00 for this year 2003 as we did not receive the two prior reports and we are changing our mailing address to insure that we do receive it in the future. Thanks.


Monica Marichal, Pres.
