

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 24 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000075123**

1. Corporation Name

JADE MARBLE, CO.

Principal Place of Business

Mailing Address

1330 32 AVE SW
VERO BEACH FL 32968

1330 32 AVE SW
VERO BEACH FL 32968

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03
07/27/2001

5. FEI Number

65-1134668

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SOTO GARCIA, RENE F	1330 32 AVE SW	VERO BEACH FL 32968
D	SAVILLE-GARCIA, CHANTAL	1330 32 AVE SW	VERO BEACH FL 32968
			800024994188 11/25/03--01002--015 **150.00

8. Name and Address of Current Registered Agent

SAVILLE-GARCIA, CHANTAL
1330 32 AVE SW
VERO BEACH FL 32968

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

Chantal Saville-Garcia
REGISTERED AGENT MUST SIGN

Date 11/19/2003

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:

CHANTAL SAVILLE-GARCIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2003 (72)1524-2978
Date Daytime Phone #

CR2ED40 (7/03)

DEPARTEMENT OF STATE
DIVISION OF CORPORATION

11/19/2003

JADE MARBLE CO.
1330 32ND AVE SW
VERO BEACH, FL 32968-5901

I CHANTAL SAVILLE- GARCIA , registered agent am writing for a request of reinstatement and asking to waive the fees of the JADE MARBLE CO. I have not received the business uniform so therefore was not able to complete it .Attached are the division of corporation form ,the letter of reinstatement and money order for the fees that applies to the uniform.

SINCERELY,

CHANTAL S.GARCIA

