

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

1330 32 AVE SW  
VERO BEACH FL 32968

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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  
**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

*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

Date

Daytime Phone #

11/19/2003 (72)1524-2978

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**

A handwritten signature in cursive script that reads "Chantal S. Garcia".