

APPROVED
AND
FILED

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

MAR 27 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 001000089537

1. Corporation Name

Stone, Marble & Tile finish, Inc.

2. Principal Office Address

731 East 45 ST

Suite, Apt. #, etc.

City & State

Hiatah, FL

Zip

33013

Country

3. Mailing Office Address

11

Suite, Apt. #, etc.

11

City & State

11

Zip

11

Country

11

REINSTATEMENT

04-06 psc

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/01

5. FEI Number

65-1137579

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Jesus e. Cruz

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

731 East 45 ST

Suite, Apt. #, Etc.

City

Hiatah

State
FL

Zip Code

33013

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

Jesus e. Cruz
REGISTERED AGENT MUST SIGN

Date

3/3/06

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
PD	Jesus Cruz	731 East 45 ST	Hiatah, FL 33013

300069957008

04/10/06--01059--013 **450.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/06 786-318-7153

Daytime Phone #

CR2001 (8/01)

2082

MD PLASTER, LLC.
1774 NW 5TH ST
MIAMI, FL 33125
786.859.1093

March 17, 2006


Florida Department of State
Division of Corporations

Re: **MD PLASTER, LLC.**
L04000018053

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking
that the penalty please be waived for the corporation. We did not receive notification in
+ 2006 the mail, so thank you in advance for your time and consideration. 2004/2005

Sincerely,


Modesto Miranda
President