


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 FEB -8 PM 4:44  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
<b>DOCUMENT #</b> <u>P01000697293</u>					
<b>1. Corporation Name</b> <u>ARZANI MARBLE AND TILE INC.</u>					
<b>2. Principal Office Address</b> <u>6713 NORTH KENDALL DR.</u> Suite, Apt. #, etc. <u>605</u> City & State <u>MIAMI, FL.</u> Zip <u>33156</u> Country <u>US</u>		<b>3. Mailing Office Address</b> <u>6713 NORTH KENDALL DR.</u> Suite, Apt. #, etc. <u>605</u> City & State <u>MIAMI, FL.</u> Zip <u>33156</u> Country <u>U.S.</u>			
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>10-05-2001</u>			
		<b>5. FEI Number</b> <u>65-1142276</u> <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>		Applied For	Not Applicable
Applied For					
Not Applicable					
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>7. Name and Address of Current Registered Agent</b>					
Name <u>ARZANI, ISABEL</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>6713 NORTH KENDALL DR.</u>					
Suite, Apt. #, Etc. <u>605</u>					
City <u>MIAMI, FL.</u>		State <u>FL</u>	Zip Code <u>33156</u>		
<b>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.</b>					
Signature of Registered Agent <u>[Signature]</u>		Date <u>2/5/05</u>			
<b>REGISTERED AGENT MUST SIGN</b>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
<u>PID</u>	<u>ARZANI, ISABEL</u>	<u>6713 NORTH KENDALL DR. #605</u>	<u>MIAMI, FL. 33156</u>		
100046904251 02/2/05--01011--012 **600.00 <u>02-05</u>					
<b>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.</b>					
SIGNATURE: <u>[Signature]</u>		Date <u>2/5/05</u>			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

CR2E081 (01/05)

Florida Department of State  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

Dear Department

Enclosing a ck, in the sum of \$600.00

Please be advised that I did not received the annual report<sup>2082</sup>  
for my corporation so, please I am pleading you to absolve  
the penalties charge.

Please if you have any question do not hesitate to contact me,

(X)

Isabel Arzani,  
President,

Phone (305) 720-4866.