
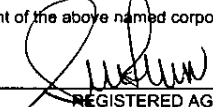
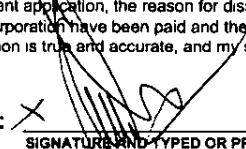


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 OCT 21 PM 1:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900161980889 10/21/09--01028--006 **300.00	
DOCUMENT # P01000108179					
1. Corporation Name Empire State Marble & Granite Corp.					
2. Principal Office Address - No P.O. Box # 9465 Burlington Place			3. Mailing Office Address 9465 Burlington Place		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Boca Raton FL			City & State Boca Raton FL		
Zip 33434	Country USA	Zip 33434	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/09/2001	
5. FEI Number 651150956				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Documento Gerais					
Street Address (P.O. Box Number is Not Acceptable) 571 E. Sample Rd					
Suite, Apt. #, Etc.					
City Pompano Bch			State FL	Zip Code 33064	
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 				Date 10/15/09	
REGISTERED AGENT MUST SIGN					
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	
P	Antonio Verissimo	9465 Burlington PL		Boca Raton FL 33434	
				JC 10/21	
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 contained in Chapter 119, 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: 				Date 10/15/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 561-305 0027	