PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 21 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000010175

1. Corporation Name
MARBLE ART CREATIONS CORP.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
219 N FALKENBURG RD	219 N FALKENBURG RD
Suite, Apt. #, etc.: 219	Suite, Apt. #, etc.: 219
City & State: TAMPA FL.	City & State: TAMPA FL.
Zip: 33619 Country: USA	Zip: 33619 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/29/2002

5. FEI Number: 03-0378275 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CHARLON FERRAZ

Street Address (P.O. Box Number is Not Acceptable): 3928 KING DR BRANDON FL.

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01/26/04 01088 013 **30[illegible].75

Suite, Apt. #, Etc.:

City: BRANDON State: FL Zip Code: 33511

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: Charlon Ferraz
REGISTERED AGENT MUST SIGN

Date: 01/15/04

CR2E081 (10/02)

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	CHARLON FERRAZ	3928 KING DR BRANDON	BRANDON FL 33511
VPD	VALTER DA SILVA	505 STONE DR	BRANDON FL 33510
SD	JANE KATHLEEN DA SILVA	505 STONE DR	BRANDON FL 33510
TD	BIBIANA C. GONCALVES	3928 KING DR	BRANDON FL 33511

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: Charlon Ferraz CHARLON FERRAZ 01/15/04 (813) 654-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #