

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		MAY -3 PH12: 21 CRETARY OF STATE LAHASSTE, FLORIDA	
DOCUMENT # P020000	26555	1		
4 C Arction Name				
LAZULI MARBLE & GR	CANTE, LNC			
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	9 14.7 Office hills	REIN	STATEMENT	·
2. Principal Office Address 7501 NW 55 ST	3. Mailing Office Address 7.501 NW 5.5 ST		Total Banda Face Para	-i-0-1
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03.	209
32			orated or Qualified ness in Florida 03/11/2/002	-
City & State	City & State	5. FEI Number	·····	d For
Zip Country	Zip Country	03-04		oplicable
33166 MIAMI-DADE	33166 MI AMI-DADE	OFFICIOATE	OF STATUS DESIRED S8.75 Additional Fed for a Certificate of	e required 1 Status
	7. Name and Address of Current Registe	red Agent		
RODEMIL DN	IETO			
Street Address (P.O. Box Number is N				
(2345 ろん) 18 Suite, Apt. #, Etc.	> L		0 00 35259 6 83 //0401052026 **300.	00
APT. 302			State Zip Code	
Miami			FL 33175	
8. I, being appointed the registered agent of the atro	me named corporation, am familiar with and accept the	obligations of section	n 607.0505 or 617.0503, F.S.	(01/04
Signature of Registered Agent			Date 04/27/04	CR2E081 (01/04
pu f	ÉGISTERED AGENT MUST SIGN			¯
Name of	d/or Director (Florida nonprofit corporations must list at I Street Address of Eac			
Titles Officers and/or Directors			City / State / Zlp	
DP RODENILD NIET	TO 12345 SW 18ST	APT-302	MIAMI FL 33175	
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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 filling 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: RODEMIL D. NIETO 04/27/04 (786) 280 - 8577				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				



LAZULI MARBLE & GRANITE INC. 7501 NW 55 St. Miami, FL 33166 Wednesday, 04/28/2004

Dept. of State Div. of Corporations P.O. BOX 6327 Tallahassee, FL 32314

RE: Doc. # P02000026555

Dear Sir or Madam:

This is to attach the Corporation Reinstatement for the corporation of the line of reference as well as the fee for both years.

I called today the Division and a lady, Karen Beyer, very helpful in all respects, instructed me to explain to you that 1) I moved my main residence and the corporate headquarters since I incorporated in 2002 and 2) I did not receive the 2003 UBR form. So, I want to state it hereby. I am sending \$150.00 for 2002 and \$150.00 for 2003 and requesting the appropriate relief and/or waiver.

At the same time, I am attaching the letter of resignation of a former Officer and Director who is now totally unrelated to LAZULI MARBLE & GRANITE INC.

Thank you for your kind understanding.

Respectfully,

KODEMIL D. NJETO