2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000047854 1. Entity Name JMB MARBLE STONE INC							FILED . 04 DEC -3 PM 1: 29				
Principal Place of Business 30 SOUTH SHORE DRIVE APT. #7 MIAMI BEACH, FL 33141				Mailing Address 30 SOUTH SHORE DRIVE APT. #7 MIAMI BEACH, FL 33141			SEGRETARY OF STATE [ALLAHASSEE, FLORIDA				
2. Principal Place of Business				Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				12012004	REIN	I-P (CR2E098 (6/04)	
City & State			City & State				4. FEI Numbe		•••		plied For ot Applicable
Zip	Country			_Zip Cos		ntry			Desired ~ '	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address	of New Regist	ered Agent	
MFR & ASSOCIATES INC 210 71 STREET SUITE 313 MIAMI BEACH, FL 33141						Street Address (P.O. Box Number is Not Acceptable)					
,						City	FL Zip Code				
	named entity	y submits this statement for ered agent.	r the p	ourpose of changing its	s register	ed office or register	ed agent, or bo	th, in the	State of Florida.	I am familiar with,	and accept
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req								!		DATE	
	FEE IS \$150.00 05, Fee will be \$300.0		•			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.		OFFICERS AND I	DIREC		11.		ADDITIONS/	CHANG	S TO OFFICERS	S AND DIRECTORS	
title Name	P Defete					E IE				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	30 SOUTI MIAMI BE			EET ADDRESS -ST-ZIP	11/20	03	ા 059	014 \$1	50.0U		
TITLE NAME	☐ Delete TI						-			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP					
TITLE	☐ Delete TITI							-	* *	Change:	Addition -
NAME STREET ADDRESS CITY-ST-ZIP	St					EET ADDRESS '-ST-ZIP					
TITLE				☐ Delete	TITL	ļ.				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP					
TITLE				☐ Delete	TITLI	į			l .	☐ Change	Addition
NAME Street Address City-St-Zip					STRE	EET ADDRESS '- ST-ZIP		BS	12/3		
TITLE				☐ Delete	TITLI	- I	<u> </u>	ľ		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					STRE	EET ADDRESS '-ST-ZIP					
12. I hereby	l on thic ropo	e information supplied with it or supplemental report is	Truc	and accurate and that	my sidna	nira shall have the :	same lenal eller	1 48 11 1112	ice unciei cam, i	II al II al II al II UII CEL	or anector i
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											DIOCK ITH
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OR SHIGHING OFFICER OR DIRECTOR Date Dayline Phone #											

ACCOUNTANTS & CONSULTANTS

220 7 IST STREET SUITE 212 MIAM! BEACH, FL 3314 I

TELEPHONE: (305) 864-7706 FACSIMILE: (305) 864-7960

December 1, 2004

FL Dept. of State Fl. Div. Of Corp.

RE: JMB MARBLE STONE INC Doc# P02000047854

Dear Sir or Madam:

I am writing to you on behalf of JMB MARBLE STONE INC. to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2004, we obtained from the internet. In the year 2003, by mistake we sent to the state two times, a check for 150 dollars. Please apply \$150.00 to my year 2004, this money is on the state records. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,

Manuel Fernandez Tax Advisor