PLEASE READ ALLINSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 03 DEC 15 PM 1:06 CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETZRY OF STATE TALLAHASSET, FLORIDA B078200112821 **DOCUMENT #** 1. Corporation Name JMB MARBLE STONE THC. REINSTATEMENT 00025490031 /03- 01013--023 ##150.00 2. Principal Office Address 3. Mailing Office Address 30 SOUTH SHORE DR. 30 SOUTH SHOREDR Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified APT 7 APT 7 1/2002 To Do Business in Florida City & State City & State 5. FEI Number Applied For MIAMI BEACH MIAMI BEACH 01-0683360 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED FL 33141 331H1 for a Certificate of Status 7. Name and Address of Current Registered Agent MFR & ASSOCIATES LLC Street Address (P.O. Box Number is Not Acceptable) 71 STREET Suite, Apt. #, Etc. Zip Code MIAMI BEACH 33141 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 12/10/03 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip MIAMI BEACH FL 33141 JORGE MIRANDA 30 SOUTH DRIVE#7 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

n

Daytime Phone #

12/10/03

NATP MEMBER

MFR & Associates

AICPA MEMBER

Accountants & Consultants

210 71st Street Suite 313 Miami Beach, FL 33141 Off (305) 864-7706 Fax (305) 864-7960

December 10, 2003

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 2003, we obtained from the internet and a check for \$150.00. 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