PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 31 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087870

1. Corporation Name
EMPIRE MARBLE DESIGN CORP

4887 POND APPLE SOUTH
4887 POND APPLE SOUTH

REINSTATEMENT 0304

2. Principal Office Address	3. Mailing Office Address
4887 POND APPLE SOUTH	4887 POND APPLE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34119 Country: USA	Zip: 34119 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: August 13, 2002

5. FEI Number: ☑ 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: CARLOS SAIZ

Street Address (P.O. Box Number is Not Acceptable): 4887 POND APPLE SOUTH

400041093514
09/15/04--01035--024 **908.75

Suite, Apt. #, Etc.

City: NAPLES, FLORIDA State: FL Zip Code: 34119

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: 8-27-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Gabriel Albornoz	175 9th street	Naples, Florida 34120
V	Carlos Saiz	4887 Pond Apple South	Naples, FLorida 34119
S	Maria Saiz	4887 Pond Apple South	Naples, Florida 34119

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: _____ Carlos Saiz 8-27-04 239-503-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MV