2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000087870 1. Entity Name EMPIRE MARBLE DESIGN CORP.					#11 €7 06 HOV 14 *** 10-21		
4887 POND APPLE SOUTH		Mailing Address 4887 POND APPLE SOUTH NAPLES, FL 34119			\$ TXX	<u>.</u>	
2. Principal Place of Business 3. Mailing Address 1423 Jetport Loop 1423 Jetport L			Setport Lo	ορ			
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			PEINGTATEMENT		
City squite Myus, 21a.		City & State A. Myly 5 Ha.		Ha. 1	4. FEI Number 59-3057789		Applied For Not Applicable
^z ъ33		^{2ip} 33913	Cduntry A		5. Certificate of Status Desired	Fee Rec	Additional quired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
SAIZ, CARLOS 4887 POND APPLE SOUTH NAPLES, FL 34119				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip	Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent							
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIN FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 100081768181 11/14/0601085002 **750.00							
10.	OFFICERS AND I		11.		ADDITIONS/CHANGES TO O		
NAME STREET ADDRESS CITY-ST-ZIP	ALBORNOZ, GABRIEL 175 9TH STREET NAPLES, FL 34120	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14	231 Jetpor	-1 - b 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAIZ, CARLOS 4887 POND APPLE SOUTH NAPLES, FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20	101 wilded	Echal F Run Si	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAIZ, MARIA 4887 POND APLE SOUTH NAPLES, FL 34119	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	2 0	stero, Fla. stero, Fla.	33928 1 Nun In 33928	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, 91	☐ Char	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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.							
SIGNATURE:							