

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000087870**

1. Corporation Name

Empire marble Design, Corp.

2. Principal Office Address

4780 Pine Ridge Rd.

Suite, Apt. #, etc.

City & State

Naples, Fla.

Zip

34119

Country

Collier

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Naples, Fla.

Zip

34119

Country

Collier

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 14, 2003

5. FEI Number

593057789

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

MARIA SAIZ

Street Address (P.O. Box Number is Not Acceptable)

4780 Pine Ridge Rd

Suite, Apt. #, Etc.

City

Naples Fla.

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

Maria Saiz

REGISTERED AGENT MUST SIGN

Date **10-1-03**

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 |
|-----------|--------------------------------------|---|--------------------|
| President | Gabriel Albornoz | 4780 Pine Ridge Rd - Naples | Fla. 34119 |
| President | Carlos Saiz | 4780 Pine Ridge Rd - Naples | Fla. 34119 |
| Secretary | Maria Saiz | 4780 Pine Ridge Rd - Naples | Fla. 34119 |
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Saiz

Date

10-1-03

Daytime Phone #

239-352-2860