

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000090854

1. Corporation Name

MARBLE SYSTEMS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

6718 WHITTIER AVE. STE 200  
MCLEAN VA 22101

6718 WHITTIER AVE. STE 200  
MCLEAN VA 22101

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
2737 Dorr Ave.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Fairfax, VA

City & State

Zip  
22031

Country  
U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/2002

5. FEI Number

Applied For  
☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TURUNC, MUNIR	2737 DORR AVE	FAIRFAX VA 22031

8. Name and Address of Current Registered Agent

GRAY, MICHAEL  
6930 N.W. 12TH STREET  
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name *Florida Incorporating + Registered Agents, Inc.*  
*Christine Fox*  
Street Address (P.O. Box Number is Not Acceptable)  
122 West Hillcrest Street

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *11/17/03*

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Munir Turunc 10-14-03

703-204-1818

Date

Daytime Phone #

FILED

03 DEC 24 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



800025735688

12/23/03--01056--023 \*\*150.00

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LAW OFFICES

**HAAS & ASSOCIATES, P.C.**

SUITE 200

6718 WHITTIER AVENUE

McLEAN, VIRGINIA 22101

(703) 827-4050

FACSIMILE

(703) 734-3046

7315 WISCONSIN AVENUE

SUITE 800 WEST

BETHESDA, MD 20814

(301) 913-9306

305 HARRISON STREET, S.E.

SUITE 18

LEESBURG, VIRGINIA 20175

ROBERT W. HAAS<sup>o</sup>

OF COUNSEL

PAUL C. MILLER<sup>o</sup>

THOMAS E. HELF<sup>o\*</sup>

<sup>o</sup>ALSO ADMITTED IN D.C.

<sup>\*</sup>ALSO ADMITTED IN MARYLAND

December 15, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Marble Systems of Florida, Inc.

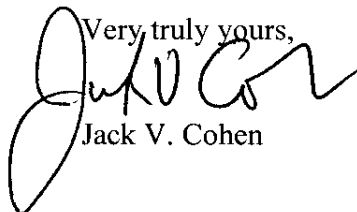
Dear Sir or Madam:

I enclose an Application for Reinstatement for the subject corporation. I also include a check for \$150.00.

Neither the corporation nor its prior registered agent, Michael Gray (who cannot be found) received either a notice of or the Uniform Business Report for 2003. Therefore, I ask that the late fees and any other fees be waived and that the corporation be reinstated for the enclosed fee.

Please call me if you have any questions.

Very truly yours,



Jack V. Cohen

Enclosures