

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000109100

1. Corporation Name

A.B.B.A Marble & Granite, Inc.

2. Principal Office Address

P.O. Box 127701

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33012

Country

Dade

3. Mailing Office Address

P.O. Box 127701

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33012

Country

Dade

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

10/08/2002

5. FEI Number

32-0036343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

04 MAR 24 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3000309091693
03/23/04--01043--004 **300.00

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

Pablo Vega

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

75 West 29 Street

Suite, Apt. #, Etc.

Apt #2

City

Hialeah

State
FL

Zip Code
33012

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

Pablo Vega

REGISTERED AGENT MUST SIGN

Date

3/9/04

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
Trea	Priscilla Vega	75 West 29 Street, Apt #2	Hialeah, Florida 33012

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)(f), 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:

Priscilla Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

(786)859-2219

Daytime Phone #

CR2E081 (01/04)