

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 15 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



10122004 REIN-P CR2E098 (6/04)

4. FEI Number  
76-0714975

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P03000001050

1. Entity Name  
SANTOS LEAL MARBLE & GRANITE, INC.



Principal Place of Business  
400 S.W. 12TH AVE.  
SUITE 3  
POMPANO BEACH, FL 33069

Mailing Address  
400 S.W. 12TH AVE.  
SUITE 3  
POMPANO BEACH, FL 33069

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
20283 St. Rd 7  
Suite, Apt. #, etc.  
# 300  
City & State  
Boca Raton FL  
Zip  
33498  
Country  
USA

6. Name and Address of Current Registered Agent  
SANTOS, LUIZ C  
400 S.W. 12TH AVE.  
SUITE 3  
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent  
Name  
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. I 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 NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANTOS, LUIZ C 400 S.W. 12TH AVE. SUITE 3 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100041905091 10/15/04--01076--008 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/04  
Date Daytime Phone #

ps 222

J MULLIN TAX SERVICE, INC.

20283 STATE ROAD 7, SUITE 300  
BOCA RATON, FLORIDA 33498  
561-237-4224

September 2004

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

Re: Santos Leal Marble & Granite, Inc..  
Doc. #P03000001050

Dear Sir or Madam:

Please accept the enclosed check of \$150.00 as the filing fee for the above corporation's 2004 Annual Report filing fee.

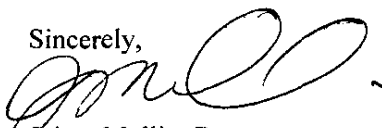
The above corporation's previous accounting firm never informed the corporate owner that this fee was due and owing to the State of Florida.

We are correcting that problem by having our address listed as the mailing address, so this problem will not occur in the future.

The properly filled out Annual Report form is also enclosed and signed by the corporate representative.

Thank you for your assistance in this matter.

Sincerely,



Jaime Mullin, Pres.