
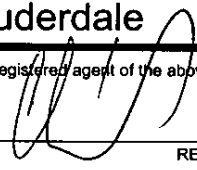
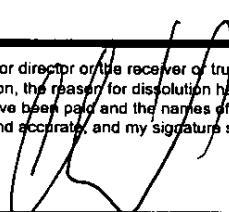


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P03000002821</i>			
1. Corporation Name EURO MARBLE & GRANITE, INC.			
2. Principal Office Address 5258 NW 10th Terrace Suite, Apt. #, etc.		3. Mailing Office Address 5258 NW 10th Terrace Suite, Apt. #, etc.	
City & State Ft Lauderdale FL Zip 33309 Country USA		City & State Ft Lauderdale FL Zip 33309 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 03-0501184		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name CHRASTEK, DAVID			
Street Address (P.O. Box Number is Not Acceptable) 5258 NW 10th Terrace			
Suite, Apt. #, Etc.			
City Ft Lauderdale		State FL	Zip Code 33309
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 		Date 12/29/05	
REGISTERED AGENT MUST SIGN			
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
DP	Chrastek, David	5258 NW 10th Terrace	Ft Lauderdale FL 33309
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: 		David Chrastek, Pres. 12/29/05 (954) 648-7956	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
06 JAN -4 AM 11:26
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-05
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