

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 28 AM 8:08

DOCUMENT # **PO3000012564**

1. Corporation Name

**NUNEZ MARBLE INSTALLATION &
DESIGN CORP**

500133534889
07/28/08--01049--017 **750.00

2. Principal Office Address - No P.O. Box #

2248 Funston Street

Suite, Apt. #, etc.

3. Mailing Office Address

2248 Funston Street

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020-5951

Country

USA

Broward

Zip

33020-5951

Country

USA

Broward

CR2E081 (12/07)

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

1-27-2003

5. FEI Number

200867295

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

RAMON A. NUNEZ

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

2248 Funston Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

7-24-2008

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
PD	RAMON A. NUNEZ	2248 Funston Street	Hollywood, FL 33020
VP	DONIS A. NUNEZ	2248 Funston Street	Hollywood, FL 33020

B. 7/30/08

REINSTATEMENT 05-08

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 contained in Chapter 119, 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: **x**

RAMON A. NUNEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-2008 (786) 218-3026
Date Daytime Phone #