

2008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 12 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P030000016039

1. Corporation Name

JV Marble, Tile & Granite Inc

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

2631 Cedarbridge Circle

3. Mailing Office Address

5035 Palm Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearmont, FL

City & State

Hialeah, FL

Zip

34711

Country

US

Zip

33012

Country

US

700180785537

05/12/10--01037--006 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

2/04/2003

5. FEI Number

72-1549999

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

Elsa Villanueva

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

2631 Cedarbridge Circle

Suite, Apt. #, Etc.

City

Clearmont

State

FL

Zip Code

34711

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Elsa Villanueva

Date

5/6/10

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
P.	Villanueva, Jose	2631 Cedarbridge Circle	Clearmont, FL 34711
V.	Lopez Rafael A	2631 Cedarbridge Circle	Clearmont, FL 34711
S.	Villanueva, Elsa N	2631 Cedarbridge Circle	Clearmont, FL 34711

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Elsa Villanueva

5/6/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #