

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Jim Smith Secretary of State DIVISION OF CORPORATIONS</b>

FILED

06 JAN -6 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0300019441

1. Corporation Name

Violeta Marble & Tile Company, Inc.

*[Handwritten Signature]*

REINSTATEMENT 05-06

NOP

2. Principal Office Address <u>821 SW 6 ST</u>		3. Mailing Office Address <u>11</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>11</u>	
City & State <u>Homestead, FL</u>		City & State <u>11</u>	
Zip <u>33030</u>	Country <u>USA</u>	Zip <u>11</u>	Country <u>11</u>

4. Date incorporated or Qualified To Do Business in Florida <u>2/18/2007</u>	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>03-0812796</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name <u>Kinder Frank Violeta</u>	<u>200063983152</u>
Street Address (P.O. Box Number is Not Acceptable) <u>821 SW 6 ST</u>	<u>01/19/06-01070-005-#300.00</u>
Suite, Apt. #, Etc.	
City <u>Homestead,</u>	State <u>FL</u> Zip Code <u>33030</u>

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 <u>Kinder Frank Violeta</u>	Date <u>1/4/06</u>
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PO</u>	<u>Kinder F. Violeta</u>	<u>821 SW 6 ST</u>	<u>Homestead, FL 33030</u>

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: <u>Kinder F. Violeta</u>	Date <u>1/4/06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # <u>786-290-6588</u>

282

**VIOLETA MARBLE & TILE COMPANY, INC.**  
**821 SW 6 ST**  
**HOMESTEAD, FL 33030**  
**786.290.6588**

January 04, 2006

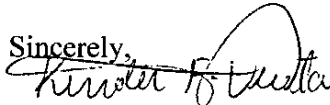
Florida Department of State  
Division of Corporations

Re: **VIOLETA MARBLE & TILE COMPANY, INC.**  
**P03000019441**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail, so thank you in advance for your time and consideration. 2005

Sincerely,



Kinder Frank Violeta  
President