

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000050527						FILED 07 MAY 14 PM 3:49 OFFICE OF THE STATE CLERK, TALLAHASSEE, FLORIDA			
1. Entity Name ART BALOGH THE MARBLEMAN, INC.									
Principal Place of Business 128 VENETIAN DR. ISLAMORADA, FL 33036			Mailing Address 128 VENETIAN DR. ISLAMORADA, FL 33036						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State						
Zip		Country	Zip		Country	4. FEI Number 20-0006748	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BALOGH, ARTHUR W 128 VENETIAN DR. ISLAMORADA, FL 33036				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$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 PD		NAME BALOGH, ARTHUR W		<input type="checkbox"/> Delete					
STREET ADDRESS 128 VENETIAN DR.		CITY ST ZIP ISLAMORADA, FL 33036							
				<input type="checkbox"/> Delete					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>ARTHUR W BALOGH PRES.</i>				65-01-027					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(Dot) (Dividing Phone #)					



\$751.32

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