

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000090728

1. Corporation Name

SAMPEDRO MARBLE & GRANITE, INC.

2. Principal Office Address

11041 SW 142 Ct

Suite, Apt. #, etc.

City & State  
Miami

Zip  
33186

Country  
Miami-Dade

3. Mailing Office Address

11041 SW 142 Ct

Suite, Apt. #, etc.

City & State  
Miami

Zip  
33186

Country  
Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-0164621

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name  
Leonardo Sampedro

Street Address (P.O. Box Number is Not Acceptable)  
11041 SW 142 Ct

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33186

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 03-13-06

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	Leonardo Sampedro	11041 SW 142 Ct	Miami, FL 33186

700069964937  
04/10/06--01071--011 \*\*150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-13-06

3053855097