

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -3 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000100399

1. Corporation Name

UMARQ MARBLE & TILE INC.

2. Principal Office Address

120 NW 133rd Rd.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip
33325

Country
Broward

3. Mailing Office Address

120 NW 133rd Rd.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip
33325

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2003

5. FEI Number

20-0541447

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

Fernando E. Umanzor

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

120 NW 133rd Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33325

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

REGISTERED AGENT MUST SIGN

Date 04/29/2006

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
D	Fernando E. Umanzor	120 NW 133rd Rd.	Plantation, FL 33325

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

Fernando E. Umanzor (239) 821-3678

Date

Daytime Phone #