



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000126899 1. Entity Name DANIEL MARBLE CORP.	
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FILED

04 NOV 12 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 300 N.E. 1ST COURT STE 204 HALLANDALE BEACH, FL 33009	Mailing Address 300 N.E. 1ST COURT STE 204 HALLANDALE BEACH, FL 33009
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11012004 REIN-P CR2E098 (6/04)

4. FEI Number 14-1899365	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

URDA, DANIEL 300 N.E. 1ST COURT STE 204 HALLANDALE BEACH, FL 33009	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City		
	<table style="width: 100%;"> <tr> <td style="width: 80%; text-align: center;">FL</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	FL	Zip Code
FL	Zip Code		

7. Name and Address of New Registered Agent

Name			
	Street Address (P.O. Box Number is Not Acceptable)		
	City		
	<table style="width: 100%;"> <tr> <td style="width: 80%; text-align: center;">FL</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	FL	Zip Code
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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	URDA, DANIEL
STREET ADDRESS	300 N.E. 1ST COURT STE 204
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	URDA, FLORIH
STREET ADDRESS	300 N.E. 1ST COURT STE 204
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300043095293
STREET ADDRESS	12/01/04--01016--009 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

[Handwritten Signature]

11/25/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* **11/09/04** **754-581-3083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #