

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000138128

1. Entity Name
INTERNATIONAL KITCHEN GRANITE INC.



FILED

05 JAN 18 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10372 SW 14TH ST.
MIAMI, FL 33174

Mailing Address
10372 SW 14TH ST.
MIAMI, FL 33174

2. Principal Place of Business

6915 NW 42 ST
Suite, Apt. #, etc.

3. Mailing Address

6915 NW 42 ST
Suite, Apt. #, etc.

01122005

REIN-P

CR2E098 (6/04)

MRS

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

27-0072347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LABAT, ALFRED
10372 SW 14TH ST.
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name

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

REINSTATEMENT

City

FL

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

Alfred Labat

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-05

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

TITLE PD
NAME LABAT, ALFRED
STREET ADDRESS 10372 SW 14TH ST.
CITY-ST-ZIP MIAMI, FL 33174 ☐ Delete

TITLE S
NAME SALAS, MANUEL A
STREET ADDRESS 5625 S.W. 108TH PL.
CITY-ST-ZIP MIAMI, FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME AGUILAR, OCTAVIO
STREET ADDRESS 14761 SW 42 WAY
CITY-ST-ZIP MIAMI FL 33185 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Alfred Labat

1-12-05

305 689-9879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



6915 NW 42nd Street Miami, FL 33166
Tel: 305 629-9879 – Fax: 305 629-9766

January 12 2005

Florida Department of State

Please allot me to reinstate my corporation since I was unaware that the filing form that I had originally sent was not complete and I did not receive the letter advising me of the problem.

Sincerely