

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000013178	
1. Entity Name MARENCO TILES & MARBLE INC.	



FILED
08 JUN 12 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7681 NW 9 ST C-112 MIAMI, FL 33126	Mailing Address 881 NW 18 PL MIAMI, FL 33125
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2. Principal Place of Business - No P.O. Box # 4681 NW 9 ST. Suite, Apt. #, etc. C 112	3. Mailing Address Suite, Apt. #, etc.
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City & State MIAMI, FL.	City & State
Zip 33126	Country US

REINSTATEMENT

6. Name and Address of Current Registered Agent MARENCO, JULIO 4681 NW 9 ST # C112 MIAMI, FL 33126	
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4. FEI Number 03-5507904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name MARENCO, JULIO Street Address (P.O. Box Number is Not Acceptable) 4681 NW 9 ST., C 112 City MIAMI FL Zip Code 33126	
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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 (x)	DATE 06/09/08

FILE NOW!!! FEE IS \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PTSD MARENCO, JULIO 4681 NW 9 ST, C112 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	500131245945 06/12/08--01042--005 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: (x)	JULIO MARENCO, PRES. 06/09/08 786-357-9003

7/6/13