2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000042089 1 MARION TILE & MARBLE, INC. 07 MAR 28 PH 3: 34 TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6061 SW 207 CT 6061 SW 207 CT **DUNNELLON, FL 34431 DUNNELLON, FL 34431** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 REIN-P CR2E098 (1/07) City & State Applied For City & State 4. FEI Number 59-2767141 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, JACK W Street Address (P.O. Box Number is Not Acceptable) 6061 SW 207 CT **DUNNELLON, FL 34431** City 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. TACK W. THOMPSON REES SIGNATURE. el title e accolicación FILE NOWIII FEE IS \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES MLE ☐ Delete IIILE THOMPSON, JACK M NAME NAME 6061 SW 207 CT STREET ADDRESS STREET ADDRESS DUNNELLON, FL 34431 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ITILE ☐ Channe ☐ Addition NAME NAME 200096008812 STREET ADDRESS SIRFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP 04/06/07---01047---024 **ฺัฐกัก กก MILE ☐ Delete mæ ☐ Change ☐ Addition NULF NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-7/P TITLE ☐ Delete IMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZDP CTTY-ST-ZIP MLE ☐ Delete MLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITE F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this fiting 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, yeth all other like empowered. TACK W. THOMPSON

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March 26, 2007 Attn: Michelle Milligan

Dear Michelle,

Thank you for speaking with me on the telephone regarding this corporate renewal.

My husband, Wayne Thompson had a 95% heart blockage and then within three months a "mini" stroke. We were not sure if he would ever be able to do this business again. We went quite some time without even a paycheck and he is our breadwinner.

We did not have money to file any Corp. reports and did not know if we would be able to continue at all, due to his health.

Online we would not lie and click the "did not receive notice" button, we are not that kind of people. We did receive the notice but we had no funds to take care of it with due to the health problem. However, we would also not wish to be penalized for being honest. We are requesting a waiver of the huge fees to renew. We are just a one man operation and barely make a living to begin with. We are not a large money making corporation.

Sincerely, Linda & Wayne Thompson