


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 20 11 4:00
TALLAHASSEE

DOCUMENT # P04000076640

1. Corporation Name
ELIO MARBLE & GRANITE, CORP

2. Principal Office Address 3480 WEST 84TH ST		3. Mailing Office Address 3480 WEST 84TH ST	
Suite, Apt. #, etc. C-102		Suite, Apt. #, etc. C-102	
City & State HIALEAH FL		City & State HIALEAH FL	
Zip 33018	Country DADE	Zip 33018	Country DADE

CR2E081 (12/05) **05-06**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **20-1110992**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

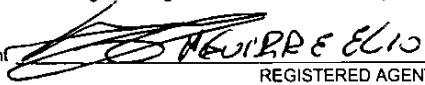
Name **ELIO ADRIAN AGUIRRE**

Street Address (P.O. Box Number is Not Acceptable) **3480 WEST 84TH STREET**

Suite, Apt. #, Etc. **C-102**

City **HIALEAH** State **FL** Zip Code **33018**

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  Date **09-25-06**

REGISTERED AGENT MUST SIGN

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
P-	ELIO ADRIAN AGUIRRE	3480 WEST 84TH ST C-102	HIALEAH FL 33018
V-P	NELSON OSCAR GUEVARA	10090 NW 80TH CT #1208	HIALEAH GARDENS, FL 33016

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:  **AGUIRRE Elio** Date **09-25-06** Daytime Phone # **305-720-9299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2082

SEPTEMBER 25, 2006.

FLORIDA DEPARTMENT OF STATE
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Annual Fee # P04000076640

Dear Secretary of State:


The Purpose of this letter is to request an exemption of penalty for late payment year 2005- 2006 according with Uniform Business Report of **ELIO MARBLE & GRANITE, CORP.,** a Florida Corporation.

I have not paid Annual Fee Corporation on time because I, don't received the corporate annual report, however I, want to reinstatement this Corp for future business, at this time I'm waiting for some business licenses application, I have attached annual fee payment check for amount of \$ 300.00.

Should you have any question regarding this matter, please call me at telephone number (305) 720-9299.

Sincerely,

ELIO MARBLE & GRANITE, CORP



ELIO ADRIAN AGUIRRE
President