PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State Ision of corporations	FILED 07 FEB 16 PM 1: 39
DOCUMENT # P04000135268 1. Corporation Name THE MARBLE GROUP COYP.		SECRETARY OF STATE FALLAHASSEE, FLORIDA
		REINSTATEMENT
650 NE 61 ST UNITH 11 SAME	Office Address E AS Prinapal Add.	CR2E081 (1/07)
Suite, Apt. #, etc. APT # // Suite, Apt. #,	etc.	4. Date Incorporated or Qualified To Do Business in Florida 9 - 28 - 200 \(\psi\)
City & State City & State City & State		5. FEI Number Applied For Not Applied be
MTAM), FLA Zip FC, 33/37 Country DADE Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Regis	stered Agent	
Name ALINE ROSICHAUD		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 650 NE 6157, UNIT # 11		the prior notices. By checking this box, you
Sulte, Apt. #, Etc. Ste #//		are certifying the prior notices were not received and requesting the reinstatement
City MIAMI	State Zip Code FL 33/3->	fee be waived.
8. I, being appointed the registered eigent 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 Page 12, 2007. REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Fig.	orida nonprofit corporations must list at lea:	st 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP CARLA VERASTEGUI	2301 NE 170 ST UNIT.	3,33160 HIAMI, FC 33137
	·	200089571672
		200089571672 02/27/0701012009 **458.75
		K. Eckel FEB 1 9 2007
	:	
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 807 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 petid 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 stell have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deviane Phone 8		
OGRATORE AND TITED OR PRINTED NAME OF	OGRANG OFFICER OR DIRECTOR	Date Deytime Phone #