PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI	5 - S - C - C - C - C - C - C - C - C - C		ecretary	MENT OF of State reporations			SECRETARY OF DIVISION OF CORPO	DRATIONS
DOCUMENT # PO5-2741 1. Corporation Name JUF MARBLE DESIGN INC									
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2040 N.E 170 STREET							CR2E081 (12/07)		
Suite, Apt. #, etc. Suite, Apt. #				, etc.			Date Incorporated or Qualified To Do Business in Florida		
City & State		City & State	City & State			5. FEI Number APPUED FOR Not Applied For Not Applicable			
Zip 3316	2	Country FIORIDA	Zip		Country		6.	OF STATUS DESIDED \$8.	75 Additional Fee required or a Certificate of Status
7. Name and Address of Current Registered Agent									
Street Addres 20 40 Suite, Apt. #,	N.E	DE LEDN x Number is Not Acceptable 170 STREE	State Zip Code FL 33162			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Registered Agent REGISTERED AGENT MUST SIGN							Date C6 12 7008		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Titles	and directive	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip		ite / Zip	
P	JUAN MOINA			2040 N.E 170			STREET	BET MIAMI, FL 33162	
VP (UMARIS DE LEON				2001 N.E 167 5			MIAMI, FL	
		, eq.4,	TATEN	MENT	Vo-	4	06/13/	01312875 0801036008 101312875 0801036009	**300.00
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: X UMARIS DE LEON 06/12/2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									