2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000046360

5567 SW CRUZAN AVE

PORT ST. LUCIE, FL 34986 US

Address:

City-St-Zip:

FILED Oct 22, 2008 Secretary of State

Entity Nar	ne: FAJK TI	LE & M	ARBLE, CORP.					
Current Principal Place of Business:					New Principal Place of Business:			
	PENROSE AV LUCIE, FL 3		US					
Current Mailing Address:					New Mailing Address:			
	PENROSE AV LUCIE, FL 3		US					
FEI Number:	20-2610087	FEI	Number Applied For ()	FEI Nur	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
PORT ST	PENROSE AN LUCIE, FL 34	4953	US		f changing it	o rogistors	ad office or registered egent or both	
	named entity e of Florida.	Submit	s this statement for th	ie purpose c	or changing ii	s registere	ed office or registered agent, or both,	
SIGNATUR	RE: FLAVIO							
Election Car	ce with s. 607.1	93(2)(b), ng Trust	nature of Registered / F.S., the corporation did Fund Contribution (). :	Ū	•		Date ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (PEREIRA, FL 1809 SW PEN PORT ST. LU	NROSE A			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (PEREIRA, MA 609 S. 15TH S FORT PIERCI	ST			Title: Name: Address: City-St-Zip:	1809 SW F	(X) Change () Addition MATUZALEM A PENROSE AVE LUCIE, FL 34953 US	
Title: Name:	D (PEREIRA, FA) Delete BIO A			Title: Name:	D PEDROSO	(X) Change () Addition . DORIVAL A	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1809 SW PENROSE AVE

PORT ST. LUCIE, FL 34953 US

SIGNATURE: FLAVIO A. PEREIRA PD 10/22/2008