

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB -8 PM 2:32

SECRETARY OF STATE -
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07



11022006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000052923					
1. Entity Name P & A MARBLE, INC					
Principal Place of Business 3051 NW 88 ST MIAMI, FL 33147			Mailing Address 3051 NW 88 ST MIAMI, FL 33147		
2. Principal Place of Business 3051 NW 88 ST Suite, Apt. #, etc. House			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami Florida			City & State		
Zip 33147		Country U.S.A		4. FEI Number 20-2678225	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VILCA, PERCY D 3051 NW 88 ST MIAMI, FL 33147				7. Name and Address of New Registered Agent Name Percy D. Vilca Street Address (P.O. Box Number is Not Acceptable) 3051 N.W 88 ST City Miami FL Zip Code 33147	
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.					
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE 12-25-07	
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILCA, PERCY D 3051 NW 88 ST MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500083397695 01/05/07--01043--007 **758.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALINDO, AMERICO 3051 NW 88 ST MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500083397695 02/27/07--01020--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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, with all other like empowered.					
SIGNATURE:			05-13-07 (305) 778-0167		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		