1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 13 AM 11:46

DOCUMENT # P05000057561

1. Corporation Name
A.H. Marble, Corp.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
11855 NE 19 Drive	
Suite, Apt. #, etc. 28	Suite, Apt. #, etc.
City & State Miami, Fl	City & State
Zip 33181 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 4/19/05

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Annibal A. Hamann

500081872135
11/10/06--01069--011 **150.00

Street Address (P.O. Box Number is Not Acceptable): 11855 NE 19 Drive

Suite, Apt. #, Etc.: #28

City: Miami State: FL Zip Code: 33181

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 11/6/06

REGISTERED AGENT MUST SIGN

CR2E341 (3/01)

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
PD	Anibal A Hamann	11855 NE 19th Drive	Miami, fl 33181
		#28	

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 under section 119.07(3)(i), 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: _____ 11/6/06 305-519-4408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 13 2006

2082

A.H. MARBLE, CORP.
11855 NE 19TH DRIVE #28
MIAMI, FL 33181
305.519.4458

November 06, 2006

Florida Department of State
Division of Corporations

Re: **A.H. MARBLE CORP**
P05000057561

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail so thank you in advance for your time and consideration.

Sincerely,

Anibal A. Hamann
President