2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000085071 FILED 1. Entity Name RZ MARBLE & FLOORS, INC. 07 MAY 15 AM 10: 3L Principal Place of Business Mailing Address 131 LOCK ROAD 131 LOCK ROAD TALLAHASSEE, FLORIDA SUITE 7 SUITE 7 01-23-06 90046 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **Bea**€098 (1**6) 6-7** City & State City & State 20-3053018 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINIER, ALGENIA Street Address (P.O. Box Number is Not Acceptable) 131 LOCK ROAD SUITE 7 DEERFIELD BEACH, FL 33442 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 300103592¹63⁰Addition TITLE Delete TITLE ZORRILLA, RAMON NAME NAME 05/31/07--01014--001 **150.00 131 LOCK ROAD, SUITE 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MINIER, ALGELIA NAME STREET ADDRESS 131 LOCK ROAD, SUITE 7 STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY+ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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. 36