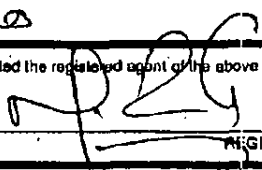
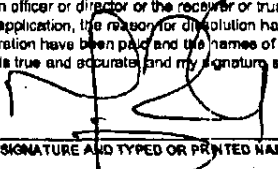


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 OCT 20 AM 10:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P05000101381					
1. Corporation Name Brotherstone Granite and Marble Inc					
409-32730					
2. Principal Office Address - No P.O. Box # 1440 Rail Head Blvd		3. Mailing Office Address UNIT 6			
Suite, Apt. #, etc. UNIT 6		Suite, Apt. #, etc.			
City & State NAPLES, FLORIDA		City & State			
Zip 34110	Country USA	Zip	Country		
7. Name and Address of Current Registered Agent					
Name MAURICIO REYES					
Street Address (P.O. Box Number is Not Acceptable) 1440 Rail Head Blvd, UNIT 6					
Suite, Apt. #, Etc.					
City Naples		State FL	Zip Code 34110		
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 09-1-09			
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PR	MAURICIO REYES	1440 Rail Head Blvd		Naples, FL 34110	
SE	MARTHA MONTES	1440 Rail Head Blvd		Naples, FL 34110	
		000161459300			
		10-08-09 01016008 \$150.00			
		10-08-09 01029011 \$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: 		Date 09-1-09 (239)593-1726			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

JC 10/21