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2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 18 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000150979

1. Entity Name
R & J GRANITE & MARBLE, INC.Principal Place of Business
5710 BROADWAY AVENUE
TAMPA, FL 33619Mailing Address
5710 BROADWAY AVENUE
TAMPA, FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-3831593Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JAMES
9914 TIMMONS RD
THONOTOSASSA, FL 33592

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DPS	MARTINEZ, JAMES	9914 TIMMONS ROAD	THONOTOSASSA, FL 33592	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DVPT	MARTINEZ, RAFAEL	7114 ROBINDALE RD	TAMPA, FL 33619	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR10/14/06
Date813 679 9686
Daytime Phone #

K. Eckel OCT 25 2006

11/15/21 0007 101 120