

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -3 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900137568969
11/03/08--01047--005 **300.00

REINSTATEMENT 07-08

DOCUMENT # P06000116111

1. Corporation Name

NOG. MARBLE & GRANITE, CORP.

2. Principal Office Address - No P.O. Box #

65 DEERCREEK RD

Suite, Apt. #, etc.

APT 102

City & State

DEERFIELD BEACH

Zip

33442

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/07/06

5. FEI Number

20-5509288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTONIO M NOGUEIRA

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

65 DEERCREEK RD

Suite, Apt. #, Etc.

APT 102

City

DEERFIELD BEACH

State

FL

Zip Code

33442

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Antonio Nogueira

REGISTERED AGENT MUST SIGN

Date *10/28/08*

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 |
|--------|--------------------------------------|---|------------------------------|
| P | ANTONIO M NOGUEIRA | 65 DEERCREEK RD | DEERFIELD BEACH, FL 33442 FL |
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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:

ANTONIO M NOGUEIRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Nogueira

Date

10/28/08

Daytime Phone #