

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000119150

1. Corporation Name

L&amp;G MARBLE INSTALLATION CORP

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

744 S.W. 4 STREET

3. Mailing Office Address

MIAMI FL 33130 US

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City &amp; State

MIAMI FL

City &amp; State

MIAMI FL

Zip

33130

Country

USA

Zip

33130

Country

USA

## 7. Name and Address of Current Registered Agent

Name

THE LAW OFFICES OF NICK SPRADLIN, PLLC

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

12000 N. DALE MABRY HIGHWAY

Suite, Apt. #, Etc.

SUITE 110

City

TAMPA

State

FL

Zip Code

33618

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

Nickola Spradlin Esq CEO

REGISTERED AGENT MUST SIGN

Date 10/15/09

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
D,P,T	VILLANUEVA, LUCAS	744 S.W. 4 STREET SUITE 5	MIAMI, FLORIDA 33130
D,VP,S	VILLANUEVA, WIELKA	744 S.W. 4 STREET SUITE 5	MIAMI, FLORIDA 33130

REINSTATEMENT

RH

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:

VILLANUEVA, LUCAS

10/15/2008

786 597 7450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 OCT 22 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA500161949745  
10/20/09--01032--005 \*\*300.00

CR2ED81 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 10/31/2007

5. FEI Number

☒ Applied For  
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ See FS Additional Fee required  
for Certificate of Status

☒ 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.