

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (10/08)

DOCUMENT # P07000120836

1. Corporation Name

AUSTRAL MARBLE CORP

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

402 NW 47TH STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country

US

3. Mailing Office Address

402 NW 47TH STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida **NOV 06, 2007**

5. FEI Number

☒ 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

MAURICIO J. AGULLO

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

402 NW 47TH STREET

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

☒ 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

Mauricio J. Agullo
REGISTERED AGENT MUST SIGN

Date **12/15/2008**

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	MAURICIO J. AGULLO	402 NW 47TH ST	POMPANO BEACH FL 33064
			000139228930 12/23/08--01015--006 **150.00

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:

Mauricio J. Agullo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2008

Date

(954) 942-5054
Daytime Phone #