PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 2

DEINSTATEMENT COS COOL	DIVISION OF	RTM 11 OF STATE it 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		FILE 00 DEC 15	PM I. a.	
DOCUMENT #Q9500020911 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
MARBLELIFE OF SOUTHWEST FLORIDA, INC.				-, , EURIDA		
2. Principal Office Address PO. Box 367385 PO. Box 367385				•		
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.		4. Date Incorporated or Qualified			
City & State			To Do Business in Florida 3-5-95 5. FEI Number Applied For			
BONITA SPINGS, FL	ITA SPRINGS, FL BONITA SPRINGS, FL Country		65-0562302 Not Applicable			
34136	34136	,	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name						
TORACLEY R. SMITH, CPA Street Address (P.O. Box Number is Not Acceptable) 27657 OLD 41 ROAD -01/03/0101025003 ****150.00 *****15 Suite, Apt. #, Etc.						
City BONITA SPRINGS				State Zip Code FL 34/	35	
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 12-6-00 REGISTERED AGENT JUST SIGN						
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 DAVID E. MCBRIA	DE 9715	5 COWFSHORE 173 SEASHORE	DRIVE	NAMES,	FL 34108	
S KERRI L. DUT	TON 220	073 SEASHURE	- CIRCLE	ESTERO, 1	FZ 33928	
		· .				
					/ SP	
11 x 海 y fe 明显 14 x 13 x 18			• •			
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 filling 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 under section 119.07(3)(i), 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: SIGNATURE: Date Daylime Phone #						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #						

December 8, 2000

Florida Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Marblelife of Southwest Florida, Inc.

Please process the attached "Corporate Reinstatement" form and the enclosed filing fee of \$150.00. Marblelife of Southwest Florida, Inc. moved its headquarters and in the process did not receive the Annual Corporate Filing Report required by your department. Please abate any late payment penalties due to this matter. All efforts to have mail forwarded to the new address were made and can be substantiated. The new mailing address is:

Marblelife of Southwest Florida, Inc. PO Box 367385 Bonita Springs, FL 34136

If there are any questions please call Bradley Smith @ 941-992-4232. Thank you.

Sincerely,

Bradley R. Smith, CPA

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