

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
05 FEB 14 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P96000026693</b> 1. Entity Name <b>WEST PALM BEACH MARBLE, INC.</b>					
Principal Place of Business <b>1021 PASEO MORELLA W PALM BEACH, FL 33405</b>			Mailing Address <b>1021 PASEO MORELLA W PALM BEACH, FL 33405</b>		
2. Principal Place of Business <b>3108 Ridgeway Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>3108 Ridgeway Ave</b> Suite, Apt. #, etc.			
City & State <b>West Palm Bch, FL</b> Zip <b>33405</b> - Country <b>USA</b>		City & State <b>West Palm Bch, FL</b> Zip <b>33405</b> - Country <b>USA</b>		4. FEI Number <b>65-0659368</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HUDSON, TODD 1021 PASEO MORELLA W PALM BEACH, FL 33405</b>			7. Name and Address of New Registered Agent Name <b>James Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>3108 Ridgeway Ave</b> City <b>West Palm Beach FL</b> Zip Code <b>33405</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) DATE <b>2/8/05</b>		
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, TODD 1021 PASEO MORELLA W PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, THEODORE 721 CHERRY ROAD W PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JAMES 3108 RIDGEWAY AVE W PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson James 3108 Ridgeway Ave West Palm Beach, FL 33405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500047044205 02/22/05--01024--024 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/8/05</b> Daytime Phone # <b>561 236 1603</b>		