

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

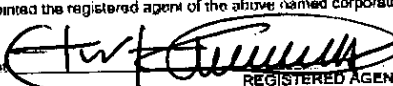
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA9000024649</u>			
1. Corporation Name A-1 Marble Restoration I, Inc.			
2. Principal Office Address 19873 Villa Medici Place Suite, Apt. #, etc.		3. Mailing Office Address 19873 Villa Medici Place Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33434	Country Palm Beach	Zip 33434	Country Palm Beach

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA800011880958
02/05/03--01048--009 **1500.00**REINSTATEMENT** 98-03

4. Date Incorporated or Qualified To Do Business in Florida	March 14, 1997
5. FEI Number	None
6. CERTIFICATE OF STATUS DESIRED ☐	☒ Applied For ☒ Not Applicable
58.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name: Ackerman, John J.	
Street Address (P.O. Box Number is Not Acceptable): 19873 Villa Medici Place	
Suite, Apt. #, Etc.	
City: Boca Raton	State: FL Zip Code: 33434

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: 2/4/03
REGISTERED AGENT MUST 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
D	Ackerman, John J.	19873 Villa Medici Place	Boca Raton, Florida 33434

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

Daytime Phone #

gr 2/10/03