PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ENTERED

03 FEB -5 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024649

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02/05/03--01048--009 **1500.00

REINSTATEMENT 98-03

1. Corporation Name
A-1 Marble Restoration I, Inc.

2. Principal Office Address	3. Mailing Office Address
19873 Villa Medici Place	19873 Villa Medici Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton, Florida	Boca Raton, Florida
Zip: 33434 Country: Palm Beach	Zip: 33434 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: March 14, 1997

5. FEI Number: None — ☐ 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: 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: [signature] REGISTERED AGENT MUST SIGN Date: 2/4/03

CR2E001 (10/02)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 Date

Daytime Phone #

gr 2/10/03