ESS REPORT (UBR) LERETARY OF STATE MARTELLA MARBLE AND TILE INC. ISTON OF CORPORATIONS 00 OCT 18 PM 3: 33 Mailing Address Principal Place of Business 4507 WEST ATLANTIC BLUD 4507 WEST ATLANTIC BLVD #176 #1716 COCONUTCEEEK, FL, 33066 COCONUT CREEK.FL. 33066 4401 WEST ATLANTIC BLVD 4401 WEST ATLANTIC BLUD DO NOT WRITE IN THIS SPACE # 1106 שלוו # Applied For 4. FEI Number 5-0743843 OCONUTCREEK, FL OCONUT CREEK FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name STEPHANE STEPHANE ARCHAMBAULT ARCHAMBAULT Street Address (P.O. Box Number is Not Acceptable) 4507 WEST ATLANTIC BLVD, # 1716 COCONUT CREEK, FL. 33066 4401 WEST ATLANTIC BLUD # 1106 Zip Code 33066 COCONUT CREEK 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE STEPHANE ARCHAMBAULT (RESIDENT) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Detete TITLE STEPHANE ARCHAMBAULT STEPHANE ARCHAMBAULT NAME 4401 WEST ATLANTIC BLVD, # 1106 STREET ADDRESS 4507 WEST ATLANTIC BLVD, #1716 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL. 33066 COCONUT CREEK, FL. 33066 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7000034406°°7□Addiug -10/26/00--01064--009 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS ****300.00 ****300.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

October 15, 2000

Division of corporations (Review Board) Division of Corporations 409 East Gaines Street Tallahassee, FL. 32399

Dear Sir or Madam:

SUBJECT: REINSTATEMENT (PLEA OF LENIENCY)

On August 10th 2000, it follows that my corporation had been dissolved, caused by a failure to file my Annual report. Unfortunately this oversight on my part was initiated by a change of address and subsequently not notifying your office.

After further inquiries and with great help from your office, it was suggested that I ask for a one time Plea of leniency in reference to my corporation's reinstatement. Your approval in this matter would be of great benefit to both the corporation and myself.

With the advice from your division, included with this letter and Uniform Business report is a check for the amount of \$300.00. I hope for the best and thank you for your review.

Sincerely,

Stephane Archambault

President & Owner

Martella Marble & Tile Inc.