


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000088672					
1. Corporation Name MARBLE US, INC.					
2. Principal Office Address 6141 MID METRO DRIVE			3. Mailing Office Address 6141 METRO DRIVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FT. MYERS, FL.			City & State FT. MYERS, FL.		
Zip 33916	Country		Zip 33916	Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 20 AM 9:10

4. Date Incorporated or Qualified To Do Business in Florida 10/16/98	
5. FEI Number 65-0875787	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Iluil Machado	
Street Address (P.O. Box Number is Not Acceptable) 6141 MID METRO DRIVE	
Suite, Apt. #, Etc. C/O MARBLE US, INC.	
City FT. MYERS	State FL
Zip Code 33916	

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

Iluil Machado

REGISTERED AGENT MUST SIGN

Date 03.20.03

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
SECRETARY	ANA CHIUJDEA	2885 Palm Beach Blvd. 608A	Ft. Myers, FL. 33916
President	ILUIL MACHADO	712 TARPON ST #2	Fort Myers FL 33916
			700005500447
			05/09/02--01048--008 **300.00
			700005500447
			03/20/03--01026--001 **150.00
			2002-2003

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:

Iluil Machado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)