

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 2:54

DOCUMENT # **P99000016905**

1. Corporation Name

MARBLE KINGDOM, Inc.

2. Principal Office Address

1141-SUN CENTURY RD
Suite, Apt. #, etc.

3. Mailing Office Address

1141-SUN CENTURY RD
Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip Country

34110 USA

City & State

NAPLES FL

Zip Country

34110 USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0896063

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

ALBERTO MESA

Street Address (P.O. Box Number is Not Acceptable)

1141-SUN CENTURY RD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

300004642113-4

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******750.00 ****750.00**

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 **10/8/01**

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
PRES	ALBERTO MESA	1141-SUN CENTURY RD.	NAPLES, FL 34110

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

[Signature]

10/8/01
Date

941-594-5545
Daytime Phone #

CR2E081 (9/00)