# P 99000017484

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
02 JAN -9 AM 11:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000017484

1. Corporation Name
MARBLE & STONE CONSULTANTS OF FLORIDA INC.

00-02

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 8801 BISCAYNE BLVD. | SAME |
| Suite, Apt. #, etc. SUITE # 104 | Suite, Apt. #, etc. SAME |
| City & State MIAMI, FL | City & State SAME |
| Zip 33138 Country USA | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida 2/24/99

5. FEI Number 65-0907961 ☐ 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 NORBERT MEISSNER

700004777837--1
-01/16/02--01017-010
***1050.00 ***1050.00
700004777837--1
-01/16/02--01017-011
******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable) 880 NE 69th ST.

Suite, Apt. #, Etc. #12-5

City MIAMI State FL Zip Code 33138

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 _____ REGISTERED AGENT MUST SIGN Date 1/8/02

CR2E081 (9/00)

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. SEC. TREAS. | NORBERT MEISSNER | 880 NE 69th ST #12-5 | MIAMI, FL 33138 |
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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:** _____ 1/8/02 305-751-4103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #