PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 16 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093181

REINSTATEMENT 07-03

500021590645
07/16/03--01049--007 **900.00

1. Corporation Name

Central Florida Marble + Granite, Inc.

2. Principal Office Address

4424 34th St. N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip	Country
33714	USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/19/99

5. FEI Number 59-3609837 | 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

Maria Petras

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

6351 105th Ave N.

Suite, Apt. #, Etc.

City

Pinellas Park, FL | State FL | Zip Code 33782

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 _Maria Petras_

REGISTERED AGENT MUST SIGN

Date 7/10/03

CR2E081 (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
Pres.	Maria Petras	4424 34th St. N.	St. Petersburg, FL 33714

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: _Maria Petras (Maria Petras)_ 7/10/03 (727) 527-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

p 7/16