

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000096999

1. Corporation Name

MARBLE AND ART INT'L CORP.

Principal Place of Business

7914 NW 66 STREET  
MIAMI FL 33166

Mailing Address

7914 NW 66 STREET  
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
7920 NW 66 ST  
City & State  
MIAMI FL  
Zip  
33166  
Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
7920 NW 66 ST  
City & State  
MIAMI FL  
Zip  
33166  
Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1999

5. FEI Number

65-0961240

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PEREIRA, ALVARO	7914 NW 66 STREET	MIAMI FL 33166

REINSTATEMENT 62-03

400021784124  
07/25/03--01026--001 \*\*141.25

8. Name and Address of Current Registered Agent

PEREIRA, ALVARO  
7914 NW 66 STREET  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

PEREIRA, ALVARO

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

7920 NW 66 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

Alvaro Pereira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/23/03

CR2ED40 (8/02)