

Sep 05 07 04:20p

Dulce M. Garcia

305-885-5691

p.1

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000098428			
1. Entity Name MARTINEAX STONE SERVICE INC.			
Principal Place of Business 2010 NW 32 ST. APT. #1 MIAMI, FL 33142		Mailing Address 2010 NW 32 ST. APT. #1 MIAMI, FL 33142	
2. Principal Place of Business - No P.O. Box # 111 Darlington Loop Suite, Apt. #, etc.		3. Mailing Address 111 Darlington Loop Suite, Apt. #, etc.	
City & State DAVENPORT FL		City & State DAVENPORT FL	
Zip 33896	Country USA	Zip 33896	Country USA
4. FEI Number 65-0962149		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, CAMILO 537 EAST 39 STREET HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name - Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature of person or authorized name of registered agent and filer (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GARCIA, CAMILO 2010 NORTHWEST 32 STREET #1 MIAMI, FL 33142 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CAMILO GARCIA 111 Darlington Loop DAVENPORT, FL 33896 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600109702956 09/20/07--01027--028 ***300.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

07 SEP 12 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

09052007 REIN P 0905098 (1/07) 0607

65-0962149 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of person or authorized name of registered agent and filer (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PO CAMILO GARCIA 111 Darlington Loop DAVENPORT, FL 33896 ☒ Change ☐ Addition

600109702956 09/20/07--01027--028 ***300.00 ☐ Change ☐ Addition

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B. Mitchell SEP 12 2007