

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 24 PM 4:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 799000100800

1. Corporation Name

EXPO MARBLE & GRANITE, INC.

2. Principal Office Address - No P.O. Box #

590 SW 12th AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

Country

33069

USA

Zip

Country

REINSTATEMENT 2012

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1999

5. FEI Number

65-0966739

☐ 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

PEDRO BARRETO

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

590 SW 12th AVENUE

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

200222961132

02/24/12--01042--004 **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

REGISTERED AGENT MUST SIGN

Date

02/20/2012

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
P	Sheridan Dickinson	590 SW 12th AVE.	Pompano Beach, FL 33069
D	PEDRO BARRETO	590 SW 12th AVE.	Pompano Beach, FL 33069

FEB 27 2012

T. CAULEY

10. E-mail Address: pedro.barreto@expogranite.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

PEDRO BARRETO

02/20/2012

954-943-9006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #