TOTAL P.03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

H01000040656

FILED
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DOCUMENT # V15424

1. Corporation Name: Marbletite Magic, Inc.

REINSTATEMENT 93-01

2. Principal Office Address	3. Mailing Office Address
9121 S.W. 174 Street.	9121 S.W. 174th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33157 Country: USA	Zip: 33157 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: 650419840 ☐ 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: Peter Knaski

Street Address (P.O. Box Number is Not Acceptable): 19 West Flagler Street

Suite, Apt. #, Etc: Suite 807

City: Miami State: FL Zip Code: 33130

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: _____ Date: 4/16/01

REGISTERED AGENT MUST SIGN

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/S/T	Jose Beato	9121 S.W. 174th Street	Miami, Florida 33157

10. I certify that I am an officer or director of the entity or the natural person empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when I file 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 that 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: Jose Beato April 16, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

TOTAL P.03

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

CORPORATION REINSTATEMENT

MARBLETITE MAGIC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,950.00