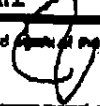
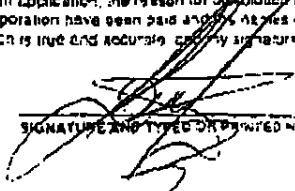


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATIONS

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		REINSTATEMENT 93-01	
DOCUMENT # V15424 1. Corporation Name Marbletite Magic, Inc.					
2. Principal Office Address 9121 S.W. 174 Street Suite, Apt. #, etc.		3. Mailing Office Address 9121 S.W. 174th Street Suite, Apt. #, etc.		4. Date Incorporation or Qualified To Do Business in Florida	
City & State Miami, FL		City & State Miami, FL		5. FEI Number 650419840	
Zip 33157	Country USA	Zip 33157	Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ 93-01 6B.75. Additional Fee Required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Peter Kneski					
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 617.0203, 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)					
Title	Name of Officer 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 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 that the names of individuals listed on this form do not qualify for an exemption under section 15.07(5)(j), 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 Date April 16, 2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

TOTAL P. 03

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Florida Department of State**Division of Corporations****Public Access System****Katherine Harris, Secretary of State****Electronic Filing Cover Sheet**

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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**MARBLETTE MAGIC, INC.**

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