

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 25 PM 1:01

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L020000007599

1. Limited Liability Company's Name

INTERNATIONAL GRANITE & STONE, LLC

400032083334
04/07/04--01015--001 **50.00

2. Principal Office Address

1842 GUNN HWY

Suite, Apt. #, etc.

3. Mailing Office Address

1842 GUNN HWY

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

3/29/2002

6. FEI Number

02-0579579

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

ODESSA, FLORIDA

Zip

33556

Country

USA

City & State

ODESSA, FLORIDA

Zip

33556

Country

USA

8. Name and Address of Current Registered Agent

Name

SANDIP I. PATEL, ESQ

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

1950 PETERS PLACE

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33764

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Sandip I Patel

Date 2/19/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHRISTOPHER STEWART	1842 GUNN HWY	ODESSA, FL 33556
MGRM	MICHAEL STEWART	1842 GUNN HWY	ODESSA, FL 33556
MGR	L.D. STEWART	1842 GUNN HWY	ODESSA, FL 33556

REINSTATEMENT

2003-2004

600029967466
03/08/04--01005--007 **150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 2/19/04

Daytime Phone # 813-920-6500

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER STEWART

CR20041 (10/02)