

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000007111

1. Corporation Name

STONE CONNECTION GRANITE & MARBLE, INC.

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

640 B Anchors Street., NW

Suite, Apt. #, etc.

3. Mailing Office Address

3045 Business Park Drive

Suite, Apt. #, etc.

City & State

Fort Walton Beach, Florida

City & State

Norcross, GA

Zip

32548

Country

USA

Zip

30071

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 12/16/2004

5. FEI Number

582385917

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Terence Hardley

Terence Hardley Asst. Secretary

Date 10/30/2008

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
PD	BARRY W. ROBINSON	3045 Business Park Drive	Norcross, Ga. 30071
S	ROBERT J. SNYDER	3045 Business Park Drive	Norcross Ga. 30071

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:

Robert J. Snyder

ROBERT J SNYDER

11/3/08

770-662-0188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #