

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083467

1. Corporation Name

SA INTERNATIONAL GRANITE & MARBLE, INC.

WI-10850

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

16319 Ivy Lake Dr.

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

USA

3. Mailing Office Address

16319 Ivy Lake Dr.

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

USA

200171048842
03/02/10--01049--002 **450.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 09/01/2000

5. FEI Number
26-0014276

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
Fahed Aldghathr

Street Address (P.O. Box Number is Not Acceptable)
16319 Ivy Lake Dr.

Suite, Apt. #, Etc.

City
Odessa

State Zip Code
FL 33556

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.

200171048842
03/16/10--01008--005 **158.75

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: 02/22/2010

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 Office, and/or Director	City / State / Zip
PD	ALDGHATHR, FAHED	16319 Ivy Lake Dr.	Odessa, FL 33556

REINSTATEMENT

RH

10. E-mail Address: fahed009@hotmail.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02/22/2010
Daytime Phone #