## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name  SA INTERNATIONAL GRANITE & MARBLE, INC.    VI - 10850	<b>2</b> .	REINSTATEMENT
SA INTERNATIONAL GRANITE & MARBLE, INC.    VI - 10959	2.	DOCUMENT # P0000083467  1. Corporation Name
2. Principal Office Address - No P.O. Box # 16319 Ivy Lake Dr. 16319 I	1. 000	SA INTERNATIONAL GRANITE & MARBLE, II
2. Principal Office Address - No P.O. Box # 16319 Ivy Lake Dr. 16319	WI-10950	
City & State Odessa, Florida Odessa, Florida Odessa, Florida Odessa, Florida  Zip 33556 USA  Country 4. Date incorporated or Qualified To Do Business in Florida 09/01/2000  Street Address (P.O. Box Number is Not Acceptable)  Country 33556 USA  The reinstatement fee is imposed, except 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 by wayed.  City Odessa  Stato City Odessa  Stato St	fice Address 03/02/1001049002 **450.00	·
City & State Odessa, Florida Odessa, Florida Odessa, Florida Size	4. Date Incorporated or Qualified	Suite, Apt. #, etc. Suite, Apt.
Odessa, Florida   Odessa, Florida   26-0014276   Not Application   Satistic   Satisti		City & State City & State
33556 USA 33556 USA 5. CERTIFICATE OF STATUS DESIRED □ 5. CERTIFICATE OF STATUS DESIRED □ 5. ST	, Florida 26-0014276 Not Applicable	
Name Fahed Aldghathr  Street Address (P.O. Box Number is Not Acceptable)  16319 Ivy Lake Dr.  Suite, Apt. #, Etc.  City Odessa  Stato City Odessa  Stato City Odessa  Stato City Odessa  FL  33556  Signature of Registered Agent REGISTERED AGENT MUST SIGN  PD  ALDGHATHR, FAHED  16319 Ivy Lake Dr.  The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, yet are certifying the prior notices were in received and requesting the reinstatement fee, be waived, 03/16/1001008005 **158.75  Titles  The reinstatement fee is imposed, except the prior notices. By checking this box, yet are certifying the prior notices were in received and requesting the reinstatement fee, be waived, 03/16/1001008005 ***158.75  Titles  City  REGISTERED AGENT MUST SIGN  Date 02/22/20/0  City / State / Zip  City / State / Zip  DALDGHATHR, FAHED  16319 Ivy Lake Dr.  Odessa, FL 33556	10.	
Street Address (P.O. Box Number is Not Acceptable)  16319 Ivy Lake Dr.  Suite, Apt. #, Etc.  City Odessa  Stato Signature of Registered Agent  P. Names and Street Addresses of Each Officer and/or Directors  Name of Officers and/or Directors  Name of Officers and/or Directors  Titles  The reinstatement fee is imposed, except to fine accept the entity did not recein the prior notices. By checking this box, yet are certifying the prior notices were not received and requesting the reinstatement fee, be waived.  2ip Code FL 33556  Stato Zip Code FL 33556  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  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Titles  Officers and/or Directors  16319 Ivy Lake Dr.  Odessa, FL 33556	ered Agent	7. Name and Address of Current Reg
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  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  Name of Officers and/or Directors  16319 Ivy Lake Dr.  Odessa, 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	Fahed Aldghathr Street Address (P.O. Box Number is Not Acceptable) 16319 Ivy Lake Dr.
Signature of Registered Agent  Pate 02/22/2010  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  Officers and/or Directors  Street Address of Each Officer, and/or Director  Officer, and/or Director  Date 02/22/2010  City / State / Zip  DALDGHATHR, FAHED  16319 Ivy Lake Dr.  Odessa, FL 33556	State   Zip Code   ZiD   1   1   1   1   1   1   1   1   1	
Titles Officers and/or Directors Street Address of Each Officer, and/or Director City / State / Zip  PD ALDGHATHR, FAHED 16319 Ivy Lake Dr. Odessa, FL 33556	. Date: 02/22/2010	Signature of Registered Agent
PD ALDGHATHR, FAHED 16319 Ivy Lake Dr. Odessa, FL 33556	rida nonprofit corporations must list at least 3 directors)	9. Names and Street Addresses of Each Officer and/or Director (
Therefore,	16319 Ivy Lake Dr. Odessa, FL 33556	PD ALDGHATHR, FAHED
REINSTATEMENT	T   N   T   T   T   T   T   T   T   T	REINSTATEM
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10. E-mail Address: fahed009@hotmail.com  (To be used for future annual report notification)	(To be used for future annual report notification)	10. E-mail Address: fahed009@hotmail.com
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 fill 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 made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dat	spowered to execute this application as provided for in chapter, 607 or 617 F.S. I further certify that when filing eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees lation indicated on this application is true and accurate, and my signature shall have the same legal effect as if	this reinstatement application, the reason for dissolution has bee owed by the corporation have been pald. I further certify, the informade under oath.  SIGNATURE: