PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

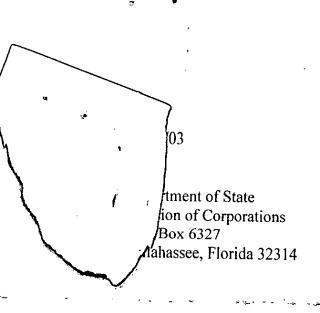
FLORIDA DEPARTMENT OF STATE **CORPORATION** 03 MAR -7 AM 10: 00 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P01000007734 1. Corporation Name Elegant Granite & Marble, Inc. 2. Principal Office Address 3. Mailing Office Address 116 12th St same Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 7 - 01/16/2001-City & State City & State 5. FEI Number Applied For Belleair Beach, FI 59-3692328 Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33786 Pinellas for a Certificate of Status 7. Name and Address of Current Registered Agent Joanne Kellikidis Street Address (P.O. Box Number is Not Acceptable) 116 12 Street Suite, Apt. #, Etc. Zip Code State Belleair Beach 33786 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. Date 2.24-03 Registered Agen REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director Pres Joanne Kellikidis 116 12 Street Belleair Beach,FI 33786 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 fisted on this form do not qualify for an exemption under section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

g/3/10



## Dear Sir/Madam:

Please find attached our corporation reinstatement. I was shocked yesterday when I found out that my corporation was dissolved . A friend of mine informed me that my corporation had been dissolved after viewing your web site. I relied on my attorney to set up the corporation and make certain that all filings and payments were made in a timely manner.

We have moved to a new address and I knew nothing about having to file and make payment to the state on the annual report. I never received the annual report in the mail.

Enclosed is a check in the amount of \$300.00 which represents annual report fees for 2002 and 2003. Based on the information provided above I am requesting that you waive the \$600.00 reinstatement fee. We are a small business and were relying on others to make certain that all filings with the state are prepared and filed in a timely manner. I apologize for any inconvenience this may have caused.

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Sincerely

J. Kellikida

Joanne Kellikidis

President