

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 MAR -2 PM 1:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000010906**

1. Corporation Name

SUPERIOR GRANITE & MARBLE, INC.

Principal Place of Business

750 WASHBURN ROAD
 MELBOURNE FL 32934

Mailing Address

750 WASHBURN ROAD
 MELBOURNE FL 32934

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/03/1999

SP

5. FEI Number

59-3557528

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V, P	BEGG, ROBIN Werling	1025 DAVIS DRIVE 4300 Pinewood Rd.	MERRITT ISLAND FL 32952 Melbourne, FL 32934
			200003828922--7 -03/09/01--01116--009 ****750.00 ****750.00
			200003828922--7 -03/09/01--01116--010 ****150.00 ****150.00
			200003828922--7 -03/09/01--01116--011 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name: **Robert M Lyerly, Esq.**
 Street Address (P.O. Box Number is Not Acceptable): **202 N. Harbor City Blvd, Ste 300**
 Suite, Apt. #, Etc.:
 City: **Melbourne FL** State: **FL** Zip Code: **32935**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **02-28-00**

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 and the names of individuals listed 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-2001

Date

321-259-6090

Daytime Phone #

CR2E040 (8/00)