

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC -2 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000001874

1. Limited Liability Company's Name

GRANITE DIGITAL IMAGING, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1590 NORTH ROBERTS RD Suite, Apt. #, etc. SUITE 106 City & State KENNESAW, GA Zip 30144 Country USA		3. Mailing Office Address 1590 NORTH ROBERTS RD Suite, Apt. #, etc. SUITE 106 City & State KENNESAW, GA Zip 30144 Country USA	
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4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 1/22/2002	
6. FEI Number 26-0009153	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name JIM DILUARDO			
Street Address (P.O. Box Number is Not Acceptable) 1818 18TH LANE			
Suite, Apt. #, Etc.			
City GREENACRES		State FL	Zip Code 33463

☒ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Jim Diluardo Date 11-30-2009  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MANAGING MEMBER	CARELTON HOLT JR.	430 JULIA DR	POWDER SPRINGS, GA 30127

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12/02/09--01003--003 \*\*\$21.25

REINSTATEMENT 2007-09 JB

11. E-mail Address: carelton@gdiproductions.com

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager C-7/4 Date 11/30/2009 Daytime Phone # 770-792-3080  
Typed or printed name of signing Managing Member/Manager CARELTON HOLT, JR.