

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000001874

Name and Mailing Address

0011947 01 AT 0.292 **AUTO T4 0 0615 33414-405484



GRANITE DIGITAL IMAGING, LLC
84 SPUR CLOSE
WELLINGTON FL 33414-4054

MJH



10/29

2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/22/2002	
Principal Place of Business 84 SPUR CLOSE WELLINGTON FL 33414	3. New Principal Place of Business Address	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HOLT, CARELTON JR 84 SPUR CLOSE WELLINGTON FL 33414		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		400024220674	
		10/29/03--01001--006 **150.00	
		City FL Zip Code	

10. 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 *[Signature]* **SIGNATURE REQUIRED** Date 10/23/03

REGISTERED AGENT MUST SIGN

11. Names and Street Address of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mm	CARELTON HOLT JR	84 SPUR CLOSE	WELLINGTON, FL 33414
mm	EDA M HOLT	84 SPUR CLOSE	WELLINGTON, FL 33414

REINSTATEMENT 2003

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/23/03 Daytime Phone # 561-373-6365

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)