

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000008021 1. Entity Name GRANA OIL, INC.						FILED 05 JUN 16 PM 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7045 S.W. 95TH COURT MIAMI, FL 33173				Mailing Address 7045 S.W. 95TH COURT MIAMI, FL 33173			
2. Principal Place of Business 10450 W. Flagler St Suite, Apt. #, etc.		3. Mailing Address 10450 W. Flagler St. Suite, Apt. #, etc.					
City & State Miami FLA.		City & State Miami FLA.		4. FEI Number 65-0975355		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33174	Country Miami, Dade	Zip 33174	Country Miami, Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRANA, JOSE R 7045 S.W. 95TH COURT MIAMI, FL 33173				7. Name and Address of New Registered Agent Name GRANA Jose R Street Address (P.O. Box Number is Not Acceptable) 10450 W. Flagler St. City Miami FL Zip Code 33174			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 6/14/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRANA, JOSE R <input type="checkbox"/> Delete 7045 S.W. 95TH COURT MIAMI, FL 33173			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRANA Jose R. 10450 W. Flagler St. Miami FLA. 33174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input type="checkbox"/> Delete GRANA, DAYSMA 7045 S.W. 95TH COURT MIAMI, FL 33173			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRANA DAYSMA 7045 SW 95 ct. Miami FLA. 33173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100056522261 06/24/05--01071--006 **300.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 04-05		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:				Date 6/14/05 Daytime Phone # 305 223-9929			