

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077727

1. Corporation Name

GRANITE IMAGINATION CORP.

Principal Place of Business

991 SOUTH STATE ROAD 7  
PLANTATION FL 33317

Mailing Address

991 SOUTH STATE ROAD 7  
PLANTATION FL 33317

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/17/2000

Suite, Apt. #, etc.

991 S. ST. RD. 7 BAY C-8

Suite, Apt. #, etc.

991 S. ST. RD. 7 BAY C-8

City & State

City & State

5. FEI Number

65-1032735

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GRANEK, KRYSZYNA	991 SOUTH STATE ROAD 7 C-8	PLANTATION FL 33317
VS	GRANEK, ZEFIRYNA	991 SOUTH STATE ROAD 7 C-8	PLANTATION FL 33317
T	GRANEK, DOROTA	991 SOUTH STATE ROAD 7 C-8	PLANTATION FL 33317

600008809916

11/05/02--01085--014 \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

DOROTA GRANEK

Street Address (P.O. Box Number is Not Acceptable)

991 S. ST. RD. 7

Suite, Apt. #, Etc.

BAY C-8

City

PLANTATION

State

FL

Zip Code

33317

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTA GRANEK 10/22/02 954-792-5188

Date

Daytime Phone #

CR2E040 (8/02)

# Granite Imagination Corp.

991 S St. Rd. 7 Bay C-8  
Plantation, FL 33317  
Broward

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Phone 954-792-5188  
Fax 954-792-7089

October 22, 2002

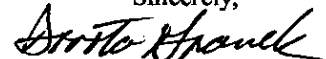
Florida Department of State

To Whom This May Concern:

I, Dorota Granek, am writing this letter on behalf of Granite Imagination Corp. I received an Application for Reinstatement in the mail and spoke with someone at the number listed on the application. I have never received this UBR report, and actually have never seen what one looks like. Therefore, I am writing to inform you that I never received the original. I also made a few changes to the address. It is not a new address, only the Bay number was omitted on the address which is Bay C - 8. The entire correct address is on the application.

Please contact me at 954-792-5188 or 954-797-8153 if you have an comments or questions.

Sincerely,



Dorota Granek  
Treasurer