

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000084105

1. Corporation Name

GRANITE KING, INC.

Principal Place of Business

825 W. NINE MILE RD.
PENSACOLA FL 32534

Mailing Address

825 W. NINE MILE RD.
PENSACOLA FL 32534

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/2000

5. FEI Number

593673408

Applied For

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
D	TAHA, AMER M	825 W. NINE MILE RD.	PENSACOLA FL 32534
D	TAHA, MARWAN M	825 W. NINE MILE RD.	PENSACOLA FL 32534
D	WALDMANN, DOUGLAS G	825 W. NINE MILE RD.	PENSACOLA FL 32534
D	IBRAHIM, IBRAHIM A	825 W. NINE MILE RD.	PENSACOLA FL 32534
			900004673609--7 -11/09/01--01811--014 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAHA, MARWAN
825 W. NINE MILE RD.
PENSACOLA FL 32534

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-11-01

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:

MARWAN M. TAHA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-11-01 (850) 471-1291



To: Department of State

Friday, October 12, 2001

Dear Sir or Madam:

Attached please find a \$550.00 check for waive of reinstatement fee. Our office mailed an application for reinstatement in August that was never received by your office.

Thankyou,

A handwritten signature in cursive script, appearing to read "Terri L. Taha", is written in dark ink.

Terri L. Taha