

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000084105**

1. Corporation Name

GRANITE KING, INC.

Principal Place of Business

Mailing Address

825 W. NINE MILE RD.
PENSACOLA FL 32534

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

59-3673908

Applied For

Not Applicable

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

300030066133
03/09/04--01035--020 **300.00

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3-4-04

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 of Marwan M. Taha

MARWAN M. TAHA

Date

Daytime Phone #

CR2E040 (7/03)

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GRANITE KING, INC.

**825 9 1/2 MILE ROAD
PENSACOLA, FL 32534**

**DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
POST OFFICE BOX 6327
TALLAHASSEE, FL 32314-6327**

MARCH 2, 2004

TO WHOM IT MAY CONCERN:

**PLEASE WAIVE THE REINSTATEMENT FEE FOR THE 2003 ANNUAL REPORT.
OUR FIRM DID NOT RECEIVE A 2003 CORPORATION ANNUAL BUSINESS REPORT.
ATTACHED IS A COMPLETED FORM AND A CHECK FOR THE SUM OF \$300.00 FOR
THE YEAR 2003 AND 2004.**

SINCERELY,



MARWAN M. TAHA

OFFICE OF THE SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA 32314-6327
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FAX (904) 498-1235
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