

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

REINSTATEMENT 03-04

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.	



MRS

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/01/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3673908	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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

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

8. Name and Address of Current Registered Agent TAHA, MARWAN 825 W. NINE MILE RD. PENSACOLA FL 32534		9. Name and Address of New Registered Agent	
		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 *[Signature]* Date 3-4-04
REGISTERED AGENT MUST SIGN

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]* **MARWAN M. TAHA** 3-4-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

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GRANITE KING, INC.
825 9 ½ 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

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