
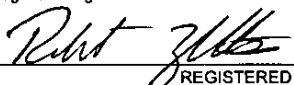
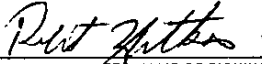


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 06 SEP 13 AM 9:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> P01000015368				
<b>1. Corporation Name</b>  AMERICAN GRANITE FACTORY INC.				
<b>2. Principal Office Address</b> 3911 ORANGE LAKE DR. Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 3911 ORANGE LAKE DR. Suite, Apt. #, etc.		
<b>City &amp; State</b> Orlando FL. Zip: 32817 Country: USA		<b>City &amp; State</b> Orlando FL. Zip: 32817 Country: USA		
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/09/2001		
		<b>5. FEI Number</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>				
Name: Robert Zlatkiss				
Street Address (P.O. Box Number is Not Acceptable): 3911 ORANGE LAKE DR.				
Suite, Apt. #, Etc.: Orlando FL. 32817				
City: Orlando FL.		State: FL	Zip Code: 32817	
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>				
Signature of Registered Agent: 		Date: 8/20/08		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
Pres	Robert Zlatkiss	3911 ORANGE LAKE DR	Orlando FL. 32817	
800079963108 09/15/06--01017--007 **1350.00				
<b>10. 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 contained in Chapter 119, 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.</b>				
SIGNATURE: 		Date: 8/20/08	Daytime Phone #: 407-810-6318	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				