

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000128156

1. Corporation Name

GRANTED INVESTMENT, INC

2. Principal Office Address - No P.O. Box #

7770 NW 79TH AVE

Suite, Apt. #, etc.

E3

City & State

TAMARAC FL

Zip

33321

Country

BROWARD

3. Mailing Office Address

PO BOX 25286

Suite, Apt. #, etc.

City & State

TAMARAC FL

Zip

33320

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

ANGELA AGUIAR

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

7770 NW 79TH AVE

Suite, Apt. #, Etc.

E3

City

TAMARAC FL

State

FL

Zip Code

33321

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/27/2008**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	ANGELA AGUIAR	7770 NW 79TH AVE UNIT E3	TAMARAC, FL 33321
D	DEBORAH MCCULLOUGH	6730 NW 47H PLACE	LAUDERHILL, FL 33319
M	OMAR BEST	6730 NW 47H PLACE	LAUDERHILL, FL 33319
S	SIMBA KALONJI	7770 NW 79TH AVE UNIT E3	TAMARAC, FL 33321

04/09/08--01045--002 **1350.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Angela Aguiar

Date

3/27/08

Daytime Phone #

FILED

08 MAR 28 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-08^{KS}

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida **01/02/2003**

5. FEI Number
16142423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.