

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000065980

1. Corporation Name

GRANITE REACTION, INC

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

9409 CLUB HOUSE DRIVE

3. Mailing Office Address

9409 CLUB HOUSE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FOLEY, AL

City & State

FOLEY, AL

Zip

36535

Country

USA

Zip

36535

Country

USA

7. Name and Address of Current Registered Agent

Name
MARCIO MARTINS

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

9221 GULF BEACH HWY

Suite, Apt. #, Etc.

APT. #6

City
PENSACOLA

State

FL

Zip Code

32507

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

REGISTERED AGENT MUST SIGN

Date **09/05/2007**

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	CLAUDIO PEREIRA DE MEDEIROS II	9409 CLUB HOUSE DRIVE	FOLEY, AL 36535
VP	MARCIO HENRIQUE MAIA MARTINS	9409 CLUB HOUSE DRIVE	FOLEY, AL 36535
S	ALESSANDRA DE OLIVEIRA DANTAS	9409 CLUB HOUSE DRIVE	FOLEY, AL 36535
T	EDUARDO CRUZ DE ALMEIDA	9409 CLUB HOUSE DRIVE	FOLEY, AL 36535

300109269489

09/10/07--01041--014 **1200.00

300109269489

09/10/07--01041--015 **26.25

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

MARCIO H. M. MARTINS

09/05/2007

Date

251-747-1182

Daytime Phone #

FILED

07 SEP 10 AM 11:42

**STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/2003

5. FEI Number

20-0055899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

3 copies

☒ 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.