

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JUL 31 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06



7252006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000149528 1. Entity Name DONT TAKE IT FOR GRANITE, INC.			
Principal Place of Business 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233		Mailing Address 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233	
2. Principal Place of Business 3413-47th Ave West Suite, Apt. #, etc.		3. Mailing Address 3413-47th Ave West Suite, Apt. #, etc.	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34210		Zip 34210	
Country U.S.		Country U.S.	
4. FEI Number 20-1820693		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAGE, ADAM 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name DAN PREWETT Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH City SARASOTA FL Zip Code 34233	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Paul Prewett</i> Daniel Prewett DATE 7/25/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MICHAEL <input checked="" type="checkbox"/> Delete 3211 BEE RIDGE ROAD APT 46 SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Young, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3413 47th Ave West Bradenton 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Michael D. Young</i> Michael D. Young <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/25/06 (941) 266-2550 <small>Date Daytime Phone #</small>	