

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000036558						FILED 06 SEP 29 3:58 SEC. TALLA	
1. Entity Name E. KITCHEN & GRANITE INC.				Principal Place of Business 2009 NE 160TH N MIAMI BEACH, FL 33162			
Mailing Address 2009 NE 160TH N MIAMI BEACH, FL 33162							
2. Principal Place of Business 836 W 18th ST Suite, Apt. #, etc.		3. Mailing Address 836 W 18th SL Suite, Apt. #, etc.					
City & State Hialeah FL		City & State Hialeah FL		4. FEI Number 202535026		Applied For <input type="checkbox"/> Not Applicable	
Zip 33010		Country USA		Zip 33010		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 2006			
6. Name and Address of Current Registered Agent ESCOBAR, JORGE L 6543 SW 162ND PATH MIAMI, FL 33193 <i>18334 NW 68 Ave Unit 346 Miami FL 33015</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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 PD NAME ESCOBAR, JORGE L STREET ADDRESS 6543 SW 162ND PATH CITY-ST-ZIP MIAMI, FL 33193				TITLE PD NAME Escobar Jorge L STREET ADDRESS 18334 NW 68th Ave Unit 346 CITY-ST-ZIP MIAMI FL 33015			
TITLE V NAME ESCOBAR, ABDIEL STREET ADDRESS 1805 CORNAL AVE CITY-ST-ZIP N LEHIGH ACRES, FL 33971				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 filers empowered.							
SIGNATURE: <i>Jorge Escobar</i>				Date <i>9/25/06</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			