


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000056997	
1. Entity Name TROPICAL GRANITE INC.	

FILED
08 OCT 27 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3816 W. SLIGH AVE SUITE B TAMPA, FL 33614	Mailing Address 3816 W. SLIGH AVE SUITE B TAMPA, FL 33614
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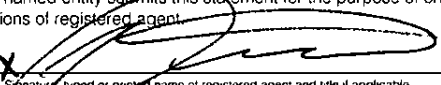
2. Principal Place of Business - No P.O. Box # 3816 W. Sligh Ave Suite, Apt. #, etc. Suite B City & State Tampa, FL Zip 33614 Country United State	3. Mailing Address 3816 W. Sligh Ave Suite, Apt. #, etc. Suite B City & State Tampa, FL Zip 33614 Country United State
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10142008 REIN-P CR2E098 (1/07)

4. FEI Number 20-2691681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESCOBAR, DANIEL 3816 W. SLIGH AVE SUITE B TAMPA, FL 33614	7. Name and Address of New Registered Agent Name Daniel Escobar Street Address (P.O. Box Number is Not Acceptable) 3816 W. Sligh Ave City Tampa FL Zip Code 33615
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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.

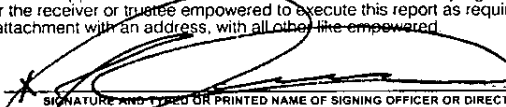
SIGNATURE:  DATE: 10/22/2008

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBAR, DANIEL 3816 W. SLIGH AVE TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200137321912 10/27/08--01048--016 **750.00
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
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:  DATE: 10/22/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR