


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000082160		
1. Entity Name E. GRANADOS CORP.		

FILED

09 JAN -8 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1048 US HWY 27 SOUTH AVON PARK, FL 33825 US	Mailing Address 1048 US HWY 27 SOUTH AVON PARK, FL 33825 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1050 US HWY 27 S City & State AVON PARK FL Zip 33825 Country USA	3. Mailing Address Suite, Apt. #, etc. 1050 US HWY 27 S City & State AVON PARK FL Zip 33825 Country USA
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**REINSTATEMENT** 08

4. FEI Number 20-5055339	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 LOPEZ, ALEJANDRA 1048 US HWY 27 SOUTH AVON PARK, FL 33825	
7. Name and Address of New Registered Agent Name New Address: Street Address (P.O. Box Number is Not Acceptable) 1050 US HWY 27 S AVON PARK City AVON PARK FL Zip Code 33825	

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 12/18/2008

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD YATACO, EDUARDO G 1048 US HWY 27 SOUTH AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600139510116 01/05/09--01077--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, MARY A 1048 US HWY 27 SOUTH AVON PARK, FL 33825 <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	SD LOPEZ, ALEJANDRA 1048 US HWY 27 SOUTH AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 12/18/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR