P08000011537

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C.COULLIETTE

JAN 3 1 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GREAT GRANITE, INC. DOCUMENT NUMBER: P08000011537				
				The enclosed Articles of Revocation of Dissolu
Please return all correspondence concerning this matter to the following:				
MARIA M.	CALDAS-LOPES			
Name of Contact Person				
MADE IN BRAZIL INSURAN		AGENCY, INC.		
Firm	n/Company			
. 3597 FOWLER STREET				
	Address			
CODT MYED	C ELODIDA 22001			
	S, FLORIDA 33901 te and Zip Code			
MADEINERAZII SEE	RVICES@HOTIMAIL.C	(OIM)		
	or future annual report notific			
For further information concerning this matter, p	please call:			
MARIA M. CALDAS-LOPES	at (239) 931-	6079		
Name of Contact Person		ime Telephone Number		
Enclosed is a check for the following amount:	·			
\$35 Filing Fee Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sec Division of Corp Clifton Building 2661 Executive	tion porations		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2010

MARIA M. CALDAS-LOPES MADE IN BRAZIL INSURANCE AND SERVICES AG 3597 FOWLER ST FT MYERS, FL 33901

SUBJECT: GREAT GRANITE, INC.

Ref. Number: P08000011537

We have received your document for GREAT GRANITE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 610A00028180

RECEIVED

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SECRETAR CENTRE

COVER LETTER

TO: Amendment Section Division of Corporations			
Division of Corporations			
SUBJECT: GREAT GRANITE, INC.			
DOCUMENT NUMBER: P08000011537			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this m	atter to the following:		
MARIA M. CALDAS-LOPES			
(Name of Contact	Person)		
MADE IN BRAZIL INSURANCE AND SERVICES AGENCY, INC.			
(Firm/Company)			
P.O. BOX			
(Address)			
FORT MYERS, FLORIDA 33911-708	3		
(City/State and Z	(ip Code)		
For further information concerning this matter, plea	ase call:		
MARIA M. CALDAS-LOPES at (239) 810-6079			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
Certificate of Status Certi (Addi	75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, fied Copy Certificate of Status & tional copy is Certified Copy osed) (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	GREAT GRANITE, INC.			
SECOND:	The document number of the corporation (if known): P08000011537			
THIRD:	The date dissolution was authorized: 11/18/2010			
	Effective date of dissolution <u>if applicable:</u> 11/18/2010 (no more than 90 days after dissolution file date)			
OURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
S	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	JUAREZ PEREIRA DE JESUS			
	(Typed or printed name of person signing)			
	P [']			
	(Title of person signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: GREAT GRANITE, IN	IC.
Date of dissolution will be the date the dissolution is fil- specified in the <i>Articles of Dissolution</i> .	ed with the Department of State or as
Description of information that must be included in a cl	aim:
N/A	
Mailing address where claims can be sent: (Claims can	not be sent to the Division of Corporations)
P.O. BOX 7083	
FORT MYERS, FLORIDA	33911-7083

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JUAREZ PEREIRA DE JESUS

Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00