PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -7 AM 11:04

DOCUMENT # P94000007924

1. Corporation Name
GRANAPEX INC

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
3956 TOWN CENTER BLVD	3956 TOWN CENTER BLVD
Suite, Apt. #, etc.: PMB 107	Suite, Apt. #, etc.: PMB 107
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32837-6103 Country: U.S.A	Zip: 32837-6103 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 01/27/1994

5. FEI Number 59-3261722 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DIANE LONZE

Street Address (P.O. Box Number is Not Acceptable): 3746 SPEAR POINT DRIVE

Suite, Apt. #, Etc.: —

City: ORLANDO, FLORIDA — State: FL — Zip Code: 32837

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~~03/15/00 01012 011~~
****900.00 ****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 2/29/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MR	RONALD DAVID JACKSON P.	3957 HUNTERS ISLE DR ORLANDO, FL 32837-5816	ORLANDO, FL 32837-5816
MR	RONALD DAVID JACKSON S	3957 HUNTERS ISLE DR ORLANDO, FL 32837-5816	ORLANDO, FL 32837-5816
MRS	DENISE ALICE JACKSON	3957 HUNTERS ISLE DR ORLANDO, FL 32837-5816	ORLANDO, FL 32837-5816

AD

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 23rd February 2000 /
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #