

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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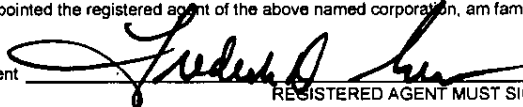
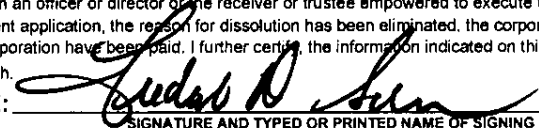
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT

CR2E081 (11/09)

08-10

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P 950000 77747</b>			
1. Corporation Name <b>GRANITE Mortgage INVESTORS CORPORATION</b>			
2. Principal Office Address - No P.O. Box # <b>2306 BARCELONA DRIVE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>2306 BARCELONA DRIVE</b> Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE, FL</b> Zip Country <b>33301 USA</b>		City & State <b>FORT LAUDERDALE, FL</b> Zip Country <b>33301 USA</b>	
4. Date Incorporated or Qualified To Do Business in Florida <b>10/5/95</b>			
5. FEI Number <b>650610105</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>FREDERICK D. SCHNUR</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>2306 BARCELONA DRIVE</b>			
Suite, Apt. #, Etc.			
City <b>FORT LAUDERDALE</b>		State <b>FL</b>	Zip Code <b>33301</b>
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 <b>2/10/10</b>	
REGISTERED AGENT MUST SIGN			
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
Pres	FREDERICK D. SCHNUR	2306 BARCELONA DR	FORT LAUDERDALE, FL 33301
10. E-mail Address: <b>GRANITE.MORTGAGE.ADC.COM</b> <small>(To be used for future annual report notification)</small>			
11. 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, I further certify 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: 		Date <b>2/10/10</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>954 525 2858</b>	

2/10/10