DOCUMENT #P 950000 77747 1. Corporation Name CRANITC MORTAGE INVESTORS CORPORATIONS 2. Principal Office Address - No P.O. Box # 2306 BARCELOMA DRIVE Suite, Apt. #, etc. City & State FORT LAUDERBAIC, FC Zip 33301 USA Country 33301 VSA Country 33301 VSA The reinstatement circumstances which the prior notices. Eare certifying the Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 2306 BARCELOMA DRIVE Street Address (P.O. Box Number is Not Acceptable) 2306 BARCELOMA DRIVE Street Address (P.O. Box Number is Not Acceptable) 2306 BARCELOMA DRIVE Street Address (P.O. Box Number is Not Acceptable) 2306 BARCELOMA DRIVE STREET ADDRESS IN STREET ADDRESS IN The reinstatement circumstances which the prior notices. Eare certifying the	18 16 PM 4: 37 16 OCT OF STATE HANSET FLORIDA 10 09825 33012 **450.00
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7. Name and Address of Current Registered Agent Name FeeDebck D. Schwee Street Address (P.O. Box Number is Not Acceptable) 2306 BARCECONA DELVE Suite, Apt. #, Etc. City FORT (AUDERDIAE 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 6 Signature of Registered Agent REGISTERED AGENT MUST SIGN	10/5/95 Applied For
Name FREDERICK D. SCHWIER Street Address (P.O. Box Number is Not Acceptable) Z306 DARCELONA DRIVE Suite, Apt. #, Etc. City FORT (AUDROBE 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 6 Signature of Registered Agent RESISTERED AGENT MUST SIGN	60.75
RESISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	7107.0
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Pres Frederick D. Schmar 2301 Barcelma Dr Fort	City / State / Zip
10. E-mail Address: GRANITE MORT QUE C. ADC. COM [To be used for future annual report notification] 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, this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.04 owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature should be under oath.	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR