

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 29 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 99000105496

**1. Corporation Name**

Gran-Mar, Inc

**2. Principal Office Address**

300 America Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip  
32801

Country  
Orange

**3. Mailing Office Address**

300 America Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip  
32801

Country  
Orange

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/03/99

**5. FEI Number**

59-3610049

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

10/08/03 01011 002 \$150.00

**7. Name and Address of Current Registered Agent**

Name

Carlos L. Martinez

Street Address (P.O. Box Number is Not Acceptable)

14205 Amelia Island Way

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code  
32828

**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

*[Signature]*

Date

10/23/03

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
P	Homero A. Bijarro	300 America Street	Orlando, Florida 32801
V	Carlos L. Martinez	14205 Amelia Island Way	Orlando, Florida 32828

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03 (407) 540-1007

CR2E081 (10/02)



# Gran-Mar, Inc.

*The Elegance in Granite and Marble Works.*

October 6, 2003

Department Of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

To Whom It May Concern,

I'm writting this letter, to Inform you that our company did not receive the proper letter for the Reinstatement of Corporation. We went to renew our workers compensation, and the Rep. there checked our records and told us that our company was Inactive for not being Reinstated.

Please check your records, If you have any questions please contact our offices.

Thank You,

Carlos L. Martinez V.P.



*Address*

300 America Street Orlando, Florida 32801

Office 407-540-1007

Office hours 9am to 5pm Monday thru Friday

Fax 407-540-1020