FILED SECRETARY OF STATE DIVISION OF CORPORATIONS H03000323334 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 NOV 24 PM 1:03

REINSTATEMENT 00-03

DOCUMENT # V 12075

1. Corporation Name
GRANIKUS, INC.

2. Principal Office Address	3. Mailing Office Address
224 S. SHADOWBAY BLVD.	224 S. SHADOWBAY BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FL	City & State: LONGWOOD, FL
Zip: 32779 / Country: USA	Zip: 32779 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/05/92

5. FEI Number: 593106850 ☐ 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: GEORGE A. YANOVITCH

Street Address (P.O. Box Number is Not Acceptable): 224 S. SHADOWBAY BLVD.

Suite, Apt. #, Etc.

City: LONGWOOD State: FL Zip Code: 332779

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: NOV. 21, 2003

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
PSTD	GEORGE S. YANOVITCH	224 S. SHADOWBAY BLVD.	LONGWOOD, FL 32779

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] 11/21/2003 407.788.7765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H03000323334 3

Florida Department of State
Division of Corporations
Public Access System

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MBM

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

GRANIKUS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,208.75

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