

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

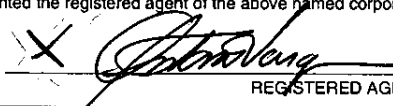
REINSTATEMENT 02-04

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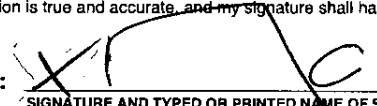
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V37500			
1. Corporation Name GRANADA ASSOCIATES, INC.			
2. Principal Office Address 780 N.W. LE JEUNE RD. Suite, Apt. #, etc. SUITE 516 City & State MIAMI, FL Zip 33126		3. Mailing Office Address 780 N.W. LE JEUNE RD. Suite, Apt. #, etc. SUITE 516 City & State MIAMI, FL Zip 33126	
Country DADE		Country DADE	

4. Date Incorporated or Qualified To Do Business in Florida 5-20-92	
5. FEI Number 65-0336843	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name ANTONIO VARGAS, CPA		
Street Address (P.O. Box Number is Not Acceptable) 780 N.W. 42 AVENUE		
Suite, Apt. #, Etc. SUITE 516		
City MIAMI	State FL	Zip Code 33126

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 3-8-04
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
DP	JASSIR, LUIS SAI EH	780 NW 42 AVENUE	MIAMI, FL 33126
DVS	JASSIR, ABDALA SAI EH	SAME	SAME
DVP	MUVDI, MOISES SAI EH	SAME	SAME
DVT	SAIEH, CARLOS	SAME	SAME

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: 	3-8-04	305-443-7122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/04)