

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03Q00020432

1. Entity Name
VOLCANIC STONE, INC.



Principal Place of Business
**3315 NW NORTH RIVER DRIVE
MIAMI, FL 33142 US**

Mailing Address
**3315 NW NORTH RIVER DRIVE
MIAMI, FL 33142 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

6. Name and Address of Current Registered Agent
**ROJAS, JUAN F
3315 NW NORTH RIVER DRIVE
MIAMI, FL 33142**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **10-27-04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJAS, JUAN F 3315 NW NORTH RIVER DRIVE MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042354344 11/01/04--01058--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **10-27-04 (305) 633-7570**

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

FILED

04 NOV 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

90-0060889

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required