2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000109389

1. Entity Name
STONE ON DEMAND INC.

FILED
09 MAY 12 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
127 HAMMOND DRIVE
MIAMI SPRINGS, FL 33166

Mailing Address
127 HAMMOND DRIVE
MIAMI SPRINGS, FL 33166

REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #: 385 WESTWARD DR.
Suite, Apt #, etc.:
City & State: Miami Springs, FL
Zip: 33166 Country: USA.

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

4. FEI Number: 753255235 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAUGAM, ROGER
127 HAMMOND DRIVE
MIAMI SPRINGS, FL 33166

7. Name and Address of New Registered Agent

Name: ROGER PAUGAM
Street Address (P.O. Box Number is Not Acceptable): 385 WESTWARD DR.
City: Miami SPRINGS FL Zip Code: 33166

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: 5-11-09
Signature, typed or printed name of registered agent and title if applicable **(NOTE: Registered Agent signature required when reinstating)**

FILE NOW!!! FEE IS $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	PD PAUGAM, ROGER 127 HAMMOND DRIVE MIAMI SPRINGS, FL 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NEW ADDRESS 385 WESTWARD DR. Miami Springs FL 33166 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600155820126 05/12/09--01012--024 **300.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 5-11-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #