

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
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2. Principal Place of Business - No P.O. Box # 385 WESTWARD DR.	3. Mailing Address Suite, Apt #, etc.
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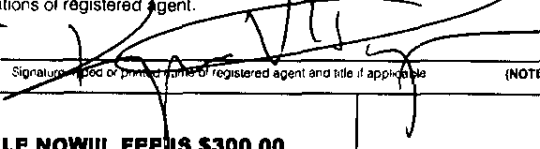
REINSTATEMENT 08-09

City & State MIAMI SPRINGS, FL	City & State FL	4. FEI Number 753255235	Applied For Not Applicable
Zip 33166	Country USA	Zip 33166	Country USA

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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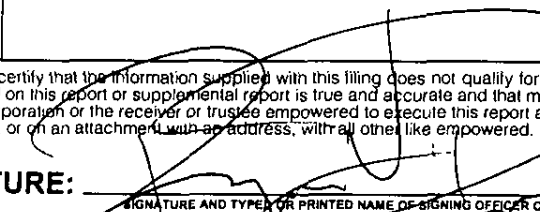
6. Name and Address of Current Registered Agent PAUGAM, ROGER 127 HAMMOND DRIVE MIAMI SPRINGS, FL 33166	
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7. Name and Address of New Registered Agent Name: ROGER PAUGAM Street Address (P.O. Box Number is Not Acceptable): 385 WESTWARD DR. City: MIAMI SPRINGS FL Zip Code: 33166	
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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: 	DATE: 5-11-09
(NOTE: Registered Agent signature required when reinstating)	

10. OFFICERS AND DIRECTORS	
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	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS ☒ Change ☐ Addition 385 WESTWARD DR. MIAMI SPRINGS FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600155820126 05/12/09--01012--024 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 	DATE: 5-11-09
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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