


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 11:22

<b>DOCUMENT # P98000102590</b> 1. Entity Name <b>A &amp; J STONE CORPORATION</b>	
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Principal Place of Business <b>2400W 3RD CT HIALEAH, FL 33010</b>	Mailing Address <b>2400W 3RD CT HIALEAH, FL 33010</b>
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REINSTATEMENT 05-06

2. Principal Place of Business <b>2400w 3rd ct</b> Suite, Apt. #, etc.	3. Mailing Address <b>2400w 3rd ct</b> Suite, Apt. #, etc.
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05122006 REIN-P CR2E098 (11/05)

City & State <b>Hialeah FL</b>	City & State <b>Hialeah FL</b>		
Zip <b>33010</b>	Country <b>USA</b>	Zip <b>33010</b>	Country <b>USA</b>

4. FEI Number <b>65-0883898</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>JARAMILLO, ALFONSO</b>  <b>903 STILLWATER CT WESTON, FL 33327</b>	7. Name and Address of New Registered Agent Name <b>Alfonso Jaramillo</b> Street Address (P.O. Box Number is Not Acceptable) <b>903 Stillwater ct</b> <b>Weston, FL 33327</b> City <b>FL</b> Zip Code
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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.

900075655199

06/02/06--01006--005 \*\*300.00

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARAMILLO, ALFONSO			NAME			
STREET ADDRESS	903 STILLWATER CT			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33327			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARAMILLO, ELIZABETH			NAME			
STREET ADDRESS	903 STILLWATER CT			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33327			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARAMILLO, ALEJANDRO			NAME			
STREET ADDRESS	903 STILLWATER CT			STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33327			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Alfonso Jaramillo Date: 05/12/06

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