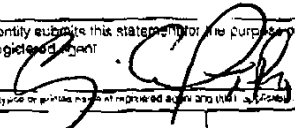


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 29 AM 10:25

2006 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L05000116681			
1. Entity Name STONE DESIGN FLOORING, LLC			
Principal Place of Business 1521 ALTON ROAD SUITE 433 MIAMI BEACH, FL 33139		Mailing Address 1521 ALTON ROAD SUITE 433 MIAMI BEACH, FL 33139	
2. Principal Place of Business 2322 E. Oakland Pk Blvd Suite, Apt. #, etc. Fort Lauderdale, Fla City & State		3. Mailing Address 2322 E. Oakland Pk Blvd Suite, Apt. #, etc. Fort Lauderdale, Fla City & State	
33306	OSA	33306	OSA
4. FEI Number 203897551		Applied For TAX Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE SOLUTIONS GROUP 1521 ALTON ROAD SUITE 433 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: Craig Carlini Street Address (P.O. Box Number is Not Acceptable) 2322 E. Oakland Pk Blvd Fort Lauderdale, FL Zip Code 33306	
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 11/29/06	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$400.00		In accordance with s. 607.15(4)(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLINI, CRAIG 1521 ALTON ROAD SUITE 433 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082148984 11/29/06--01064--001 ***650.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.