$ 50.00
9-15-06

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	Mailing Address
1521 ALTON ROAD SUITE 433 MIAMI BEACH, FL 33139	1521 ALTON ROAD SUITE 433 MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
2322 E. Oakland Pk Blvd	2322 E. Oakland Pk Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Fort Lauderdale, Fla	Fort Lauderdale, Fla
City & State	City & State
33306 / USA	33306 / USA
Zip / Country	Zip / Country

11/2/2006 RFIN-LLC CR2E101 (11/05)

4. FEI Number: 20-3597551 ☐ Applied For ☐ Not 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 Carlino
Street Address (P.O. Box Number is Not Acceptable): 2322 E. Oakland Pk Blvd
City: 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: [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2007, Fee will be $100.00

In accordance with s. 607.193(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 CARLINO, CRAIG 1521 ALTON ROAD SUITE 433 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400082148984 11/29/06--01064--001 **650.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 exemptions 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.

EMPIRE

Daytime Phone #