2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000001175

Entity Name: STONE MAXWELL CO.

FILED Mar 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8851 NW 117TH STREET 815 PONCE DE LEON HIALEAH GARDENS, FL 33016 US

2ND FLOOR

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

815 PONCE DE LEON BLVD 6980 SW 58 STREET CORAL GABLES, FL 33134 MIAMI, FL 33143

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAGAROLAS, MAURICIO ESQ 815 PONCE DE LEON BLVD SECOND FLOOR CORAL GABLES, FL 33134 US MAGAROLAS, GISELA 6980 SW 58 STREET MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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.

SIGNATURE: GISELA MAGAROLAS 03/22/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition JIMENEZ, ROBERTO MAGAROLAS, MAURICIO Name: Name: 8851 NW 117TH STREET 815 PONCE DE LEON BOULEVARD Address: Address:

City-St-Zip: HIALEAH GARDENS, FL 33016 City-St-Zip: CORAL GABLES, FL 33134

Title: VD Title: (X) Change () Addition () Delete Name: MAGAROLAS, AMURICIO Name: MAGAROLAS, GISELA R

815 PONCE DE LEON BLVD 6980 SW 58 STREET Address: Address: MIAMI, FL 33134 MIAMI, FL 33143 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition SEC

Name: RAMOS-SANCHEZ, AIMEE Name: 6980 SW 58 STREET Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: GISELA MAGAROLAS 03/22/2005