2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							FIL	ED CTA	15		
DOCUMENT # P03000153368						S	ECRETAR ISION OF	CORPORA	ITONS		
1. Entity Name DESOUZA'S THREE STONES, INC.						VIO	12104 0	ant the	20		
						(	JL NOV 15	AM III	<b>30</b>		
Principal Place o	f Business	Mailing Address		1					-		
2013 STERLING PALMS CT APT 204 2013 STERLING PALMS CT APT BRANDON, FL 33511 BRANDON, FL 33511					_						
2. Principal Place of Business  1817 STEKLING PALMS CT  Suite. Apt. #, etc.  3. Mailing Address  1817 STEKLING FALMS  Suite. Apt. #, etc.											
APT		Suite, Apt. #, etc.				11012004	REIN-P	CR2E	098 (6/04)		
City & State BRANDON FL		City & State BRAND ON FL				4. FEI Numb	er 0508		<u> </u>	plied For at Applicable	
Zip 335	<u> </u>	Zip 3351)	Cour	itry			of Status Desire		\$8.75 Add	fitional	
	6. Name and Address of Current		1			7. Name and	Address of Ne	w Registered		· · · · · · · · · · · · · · · · · · ·	
DESOUZA	UIBACV E	a The same and the same		Name		- ::// -					
DESOUZA, JURACY F 2013 STERLING PALMS CT APT 204 BRANDON, FL 33511					Street Address (P.O. Box Number is Not Acceptable)						
				MT	104						
				City	4004			FL	Zip Cod	<sup>2</sup> )(	
FILE	NOW!!! FEE IS \$150.00 ary 1, 2005, Fee will be \$300.0		TE: Register	red Agent signe	iture required	when reinstating	In accordan	DATE  DATE  Date  Date	7.193(2)(b),	F.S., the	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO	OFFICERS ANI	D DIRECTOR	S IN 11	
	PD	☐ Delete	πit						Change Change	Addition	
STREET ADDRESS 3	DESOUZA, JURACY F 2013 STERLING PALMS CT APT BRANDON, FL 33511	T 204		eet address /-st-zip	1817 BRAND		og palage 33511	et #10°	<b>t</b>		
TITLE		☐ Delete	TITL						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-st-zip		117	15/04-01	657-45	1895 5 *** 15	0.00	
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TITLE	<del></del>	☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM	AE EET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP							
TITLE		☐ Delete	TITL			_			Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ae Eet address Y-St-Zip							
TITLE		☐ Delete	τιπ						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ME IEET ADDRESS Y-ST-ZIP							
12. I hereby ce indicated o of the corpo		s true and accurate and that owered to execute this repo	for the exe t my signa rt as requ d.	emption state ature shall h ired by Cha	ave the sa apter 607,	me legal effe Florida Statu	ct as if made un	ider oath; that I name appears	am an officer in Block 10 o	or director r Block 11 if	

11/2200