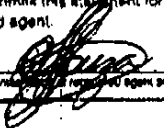
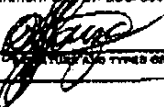


(850) 574 6805

**2007 FOR PROFIT CORPORATION
REINSTATEMENT****FILED**

2007 FEB 28 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT** 06-07

DOCUMENT # P03000153368			
1. Entity Name DESOUZA'S THREE STONES, INC.			
Principal Place of Business 1817 STERLING PALMS CT. APT 104 BRANDON, FL 33511		Mailing Address 1817 STERLING PALMS CT. APT 104 BRANDON, FL 33511	
2. Principal Place of Business - No P.O. Box # 94 Trista Terrace Ct		3. Mailing Address 94 Trista Terrace Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, FL		City & State Destin FL	
Zip 32541	Country USA	Zip 32541	Country USA
8. Name and Address of Current Registered Agent DESOUZA, JURACY F 1817 STERLING PALMS CT. APT 104 BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 94 Trista Terrace Ct City Destin FL FL Zip Code 32541	
9. 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 I accept the obligations of registered agent.			
SIGNATURE  Signature typed or printed name of registered agent and title if applicable JURACY F. DESOUZA		DATE 02-27-07 (NOTE: Registered Agent signature required when relinquishing)	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 807.103(2)(b), F.S., this corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESOUZA, JURACY F 1817 STERLING PALMS CT., #104 BRANDON, FL 33511 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	94 Trista Terrace Ct Destin FL 32541 ☒ 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	☐ 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
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 or changed, or on an attachment to an address, with all other like empowered.			
SIGNATURE:  Signature typed or printed name of signing officer or director JURACY F. DESOUZA		DATE 02-27-07 Deputy Page # 8502461407	