2006 FOR PROFIT SRPORATION REINSTATEMENT

SIGNATURE:

DOCUMENT # P04000128593 06 FEB 13 PH 2: 0 1. Entity Name INTERNATIONAL STONE IMPORTS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 906 SW 2 PLACE 906 SW 2 PLACE POMPANO BCH, FL 33060 POMPANO BCH, FL 33060 2. Principal Place of Business 3. Mailing Address 3010 N.W. 274 ST 3010 NW 27th ST Suite, Apt. #, etc. Suite Apt # etc <u>Guildis</u> BUINGAS # 16 City & State City & State LAKES FL ANGOALE 20-1607198 Lauderdaue Lauses, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required NSA 6. Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent TAX HOUSE CORPORATION 1261 E SAMPLE RD Street Address (P.O. Box Number is Not Acceptable) POMPANO BCH, FL 33064 Zip Code City FL 4. 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. GNATURE Signature, typed or printed name of registered agent and title if applicable DATE In accordance with s. 607.193(2)(b), F.S., the FILE NOWIII FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS Delete TITLE TITLE ☐ Change ☐ Addition LEVINSON, ADAM C NAME NAME 800066250918 02/21/06--01010--015 ***30 STREET ADDRESS 940 NE 27 AVE STREET ADDRESS **300.00 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH, FL 33060 TITLE Delete 🔀 Change Addition TITLE ORTIZ GONZALEZ, FRONCISCO NAME ORTIZ GONZALEZ, FRANCISCO NAME 3510 NW 27457, 5185 HIL 4453 E WILDWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHOENIX, AZ 85048 CITY-ST-ZIP LAWRED LANGES, FL 233711 TITE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS **C. Eckel FEB 1 4 2006** CITY-ST-ZIP CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

1-16-06

APPROVEL