

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000137173

1. Entity Name  
STYLE STONE CORPORATION



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -9 PM 4:56

Principal Place of Business  
2617 GEMINI COURT APT. 104  
TAMPA, FL 33614

Mailing Address  
2617 GEMINI COURT APT. 104  
TAMPA, FL 33614

2. Principal Place of Business  
704 E. Grove Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
704 E. Grove Ave.  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number  
20-1760492

Applied For  
Not Applicable

Zip  
33613

Country  
HAWAII

Zip  
33613

Country  
HAWAII

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABRERA, MARCELO M  
2617 GEMINI COURT APT. 104  
TAMPA, FL 33614

Name  
MARCELO M. CABRERA

Street Address (P.O. Box Number is Not Acceptable)

704 E. Grove Ave.

City  
TAMPA

FL

Zip Code  
33613

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCELO M. CABRERA

5/4/06

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CABRERA, MARCELO M  
2617 GEMINI COURT APT. 104  
TAMPA, FL 33614 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELO M. CABRERA - President

Date

Daytime Phone #

5/4/06 (813) 817-3416