2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000116542

Entity Name: VALDI STONE EXPERTS, CORP.

FILED Feb 15, 2008 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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2358 NW. 162 WAY 19110 NW 10 ST

PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

11020 PEMBROKE ROAD 19110 NW 10 ST

PMB #230 PEMBROKE PINES, FL 33029 US

MIRAMAR, FL 33025 US

FEI Number: 20-3350788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

VALDIVIA, OSCAR
2358 NW. 162 WAY

VALDIVIA, OSCAR
19110 NW 10 ST

PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33029 US

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: SYLVIA H VALDIVIA 02/15/2008

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 VALDIVIA, OSCAR
 Name:
 VALDIVIA, OSCAR

 Address:
 2358 NW. 162 WAY
 Address:
 19110 NW 10 ST

City-St-Zip: PEMBROKE PINES, FL 33028 US City-St-Zip: PEMBROKE PINES, FL 33029 US

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

 Name:
 Name:
 VALDIVIA, SYLVIA H

 Address:
 Address:
 19110 NW 10 ST

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: SYLVIA H VALDIVIA MRS 02/15/2008