2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000020876

1. Entity Name
R P G STONE SOLUTIONS CORP

FILED
10 JAN -8 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15430 SW 81 CIRCLE LN 810 MIAMI, FL 33193 US	15430 SW 81 CIRCLE LN 810 MIAMI, FL 33193 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9923 West Okeechobee Rd	9923 West Okeechobee Rd.
Suite, Apt. #, etc: APTO 216 A	Suite, Apt. #, etc.: APTO 216 A.
City & State: Hialeah Gardens	City & State: Hialeah Gardens.
Zip: 33016 / Country: FL.	Zip: 33016 / Country: FL

09172 REINSTATEMENT CR2E098 (1/07) 08-09

4. FEI Number: 20-4281773 — Applied For / Not Applicable

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
PARRA, RUBEN 15430 SW 81 CIRCLE LN 810 MIAMI, FL 33193	Name: Ruben Parra. Street Address (P.O. Box Number is Not Acceptable): 9923 West Okeechobee Rd Apto 216A. City: Hialeah Gardens FL Zip Code: 33016.

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: Ruben Parra — 10/27/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRA, RUBEN 15430 SW 81 CIRCLE LN , #810 MIAMI, FL 33193 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ruben Parra. 9923 West Okeechobee Rd, Apto 216A Hialeah Gardens, FL, 33016 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400165424134 01/08/10--01042--004 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400165424134 01/08/10--01042--005 **150.00 ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruben Parra. — 10/27/09 — 786-317-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #