2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000048925

1. Entity Name
SOFIA STONE, INC.

FILED
09 FEB 11 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7001 NORTON AVE STE 7 W PALM BEACH, FL 33405	7001 NORTON AVE STE 7 W PALM BEACH, FL 33405

REINSTATEMENT 02/05/2009 FEA: 0 PR2E098 (1/07) 07-08

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 139 Soriano Dr.
Suite, Apt. #, etc. Suite 8	Suite, Apt. #, etc.
City & State	City & State Jupiter, FL
Zip / Country	Zip 33458 / Country

4. FEI Number 20-4666065 — 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
THOMIDIS, SOPHIA 139 SORIANO DR JUPITER, FL 33458	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	THOMIDIS, SOPHIA	NAME	
STREET ADDRESS	7001 NORTON AVE STE 7	STREET ADDRESS	Suite 8
CITY-ST-ZIP	W PALM BEACH, FL 33405	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	600143391176
STREET ADDRESS		STREET ADDRESS	02/11/09--01029--009 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	04/07/08 01010 003 150.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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.

SIGNATURE: Sophia Stone 2/5/09 (561) 236-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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