

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000048925		
1. Entity Name SOFIA STONE, INC.		

Principal Place of Business 7001 NORTON AVE STE 7 W PALM BEACH, FL 33405	Mailing Address 7001 NORTON AVE STE 7 W PALM BEACH, FL 33405
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite 8	3. Mailing Address 139 Soriano Dr. Suite, Apt. #, etc.
City & State Jupiter, FL	City & State Jupiter, FL
Zip 33458	Zip 33458

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

REINSTATEMENT 07-08

6. Name and Address of Current Registered Agent THOMIDIS, SOPHIA 139 SORIANO DR JUPITER, FL 33458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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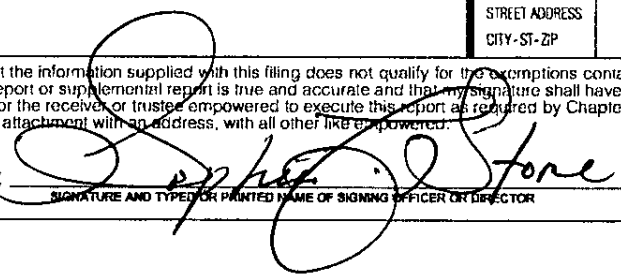
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMIDIS, SOPHIA 7001 NORTON AVE STE 7 W PALM BEACH, FL 33405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600143391176 02/11/09--01029--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/6/08 01010 003 150.00
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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:  **2/5/09** **236-1976**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/09