

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000095754

1. Entity Name
TRIANGLE STONE GROUP INC.



FILED

07 NOV 28 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3897 N. HAVERHILL RD #128
WEST PALM BEACH, FL 33417 US

Mailing Address
3897 N. HAVERHILL RD #128
WEST PALM BEACH, FL 33417 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 11072007 REINSTATEMENT 11072007

4. FEI Number
20-5213593

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

PENA, HUMBERTO
5310 KIM CT.
WEST PALM BEACH, FL 33415

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 \$150.00
After January 1, 2008, Fee will be \$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
NAME PENA, HUMBERTO
STREET ADDRESS 5310 KIM CT.
CITY-STATE-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ Change ☐ Addition
NAME 600112664616
STREET ADDRESS 11/28/07--01049--002 **150.00
CITY-STATE-ZIP

TITLE TR ☐ Delete
NAME FERNANDEZ, ALCIDES
STREET ADDRESS 4828 ORLEANS COURT APART.E
CITY-STATE-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ Change ☐ Addition
NAME \$7w/3p
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME GUTIERTEZ, NIXON
STREET ADDRESS 5310 KIM CT.
CITY-STATE-ZIP WEST PALM BEACH, FL 33415

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

TITLE MG ☐ Delete
NAME SAYAGO, JOSE
STREET ADDRESS 3897 N. HAVERHILL RD #128
CITY-STATE-ZIP WEST PALM BEACH, FL 33417

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: +

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/07

Date

Daytime Phone #