

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000005545

FILED  
Jun 05, 2009  
Secretary of State

Entity Name: GALAXY STONE SERVICES INC

## Current Principal Place of Business:

5006 MALLARDS COURT  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

6574 PELICAN AVE  
COCONUT CREEK, FL 33073

## Current Mailing Address:

5006 MALLARDS COURT  
COCONUT CREEK, FL 33073

## New Mailing Address:

6574 PELICAN AVE  
COCONUT CREEK, FL 33073

FEI Number: 20-8232314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CSG - CAPITAL SERVICES GROUP INC  
446 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33073 US

## Name and Address of New Registered Agent:

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: MARCOS REZENDE

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:

Title: PDS ( ) Delete  
Name: FIGUEIREDO, WAGNA  
Address: 5006 MALLARDS COURT  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPDT ( ) Delete  
Name: FIGUEIREDO, UBIRATAN B  
Address: 6574 PELICAN AVE  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: FIGUEIREDO, WAGNA  
Address: 6574 PELICAN AVE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WAGNA FIGUEIREDO

PDS

06/05/2009

Electronic Signature of Signing Officer or Director

Date