

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 AM 8:57

DOCUMENT # P07000015308



1. Entity Name
LOAISIGA STONE, INC.

Principal Place of Business
14540 JEFFERSON STREET
#10
MIAMI, FL 33176 US

Mailing Address
18999 BISCAYNE BLVD
STE 205
AVENTURA, FL 33180 US



2. Principal Place of Business - No P.O. Box #
18225 NW 17 Ave.

3. Mailing Address
18225 NW 17 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092009 REIN-P CR2E098 (1/07)

City & State
OPA Locka, FL 3

City & State
OPA Locka FL

4. FEI Number
20-8414282

Applied For
Not Applicable

Zip 33056 Country USA

Zip 33056 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOAISIGA, EMANUEL
14540 JEFFERSON ST
APT #10
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name LOAISIGA, EMANUEL

Street Address (P.O. Box Number is Not Acceptable)

18225 NW 17 Avenue

City OPA Locka, FL Zip Code 33056

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)

3/9/09

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

TITLE P
NAME LOAISIGA, EMANUEL
STREET ADDRESS 14540 JEFFERSON ST, #10
CITY-ST-ZIP MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME LOAISIGA, EMANUEL ☒ Change ☐ Addition
STREET ADDRESS 18225 NW 17 AVENUE
CITY-ST-ZIP OPA LOCKA, FL 33056

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

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

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

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

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

REINSTATEMENT 08-09

400145685764
03/13/09--01004--017 **\$300.00

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

3/9/09 786-541-4673

Date Daytime Phone #