2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000097255

Entity Name: TECSTONE DESIGN INC.

FILED Mar 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3100 S. CONGRESS AVE., STE. #6 1405 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426

SUITE 11

DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

3100 S. CONGRESS AVE., STE. #6 1405 N. CONGRESS AVENUE BOYNTON BEACH, FL 33426 SUITE 11

DELRAY BEACH, FL 33445

FEI Number: 65-0964371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRUBISA, GEORGE MORTON, AMSTER 509 MUIRFIELD DR 1405 N. CONGRESS AVENUE ATLANTIS, FL 33462 US SUITE11 DELRAY BEACH, FL 33445 US

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: MORTON AMSTER 03/20/2008

> 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MUTI, SOFIA MUTI, SOFIA Name: Name: 4197 JUNIPER TERRACE 1405 N. CONGRESS AVENUE Address: Address:

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: DELRAY BEACH, FL 33445

Title: (X) Delete Title: () Change () Addition Name:

GRUBISA, GEORGE Name: 509 MUIRFIELD DRIVE Address: Address: CITY OF ATLANTIS, FL 33462 City-St-Zip: 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.

Ρ SIGNATURE: SOFIA MUTI 03/20/2008