


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # K01599</b> 1. Entity Name <b>STOCKMAN REALTY OF FLORIDA, INC.</b>	
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REINSTATEMENT 05

T. Roberts OCT 26 2005



Principal Place of Business <b>32 HARGROVE GRADE PALM COAST, FL 32137</b>	Mailing Address <b>32 HARGROVE GRADE PALM COAST, FL 32137</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10062005 REIN-P CR2E098 (6/04)

City & State	City & State
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4. FEI Number <b>59-2915284</b>	Applied For <input type="checkbox"/> Not Applicable
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7ip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  STOCKMAN, RICHARD 16 TIDEWATER DRIVE ORMOND BEACH, FL 32174	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) <b>83 WILDWOOD DRIVE</b>  City <b>ORMOND BEACH</b> FL Zip Code <b>32176</b>
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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:  **RICHARD STOCKMAN VICE-PRESIDENT** 10-10-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD STOCKMAN, ROBERT 32 HARGROVE GRADE PALM COAST, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900060820459</b> <b>10/20/05--01041--017 **750.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD STOCKMAN, RICHARD 32 HARGROVE GRADE PALM COAST, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 05 OCT 20 08 AM 8:50  
 FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **RICHARD STOCKMAN** 10-10-05 (386) 445-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #