2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L04000079387					DIVISION OF CONCENTRALE				
1. Entity Name STOCK FINANCIAL, LLC							""""""""""""""""""""""""""""""""""""""	18	
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Principal Place of Business Mailing Address 8012 GRAND LELY DRIVE 8012 GRAND LELY DRIVE			-						
NAPLES, FL		NAPLES, FL 34112	5						
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Principal Place of Business 3. Mailing Address									
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Suite, Apt. #, etc. Suite 6 Suite 5			_		12082005	REIN-LLC	CR2E101 (6/0	04)	
City & State		City & State			4. FEI Numb		_	Applied For	
Napl		Naples, F	Country		20-19	832305		Not Applicable	
34103	S	-34103_			5. Certificati	e of Status Desired	\$5.00 Fee Req	Additional ulred	
6. Name and Address of Current Registered Agent			News	7. Name and Address of New Registered Agent					
GRIDER, CRAIG D ESQ.									
C/O GOOI	DLETTE, COLEMAN & JOHNS		Street Address (P.O. Box Nun			per is Not Acceptab	le)		
NAPLES,	IAMI TRAIL NORTH, SUITE 30 FL 34103	U							
			City				FL Zip (Code	
8. The above	named entity submits this statement for	the purpose of changing its re	oistered office	or registere	ed agent or be	oth in the State of F	• — ,	vith and accept	
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 YOUGH									
Signature, typed or winted name of positive agent and title if applicable. (NOTE: Registered Agent eignature required when refinetating) DATE									
FILE NOW!!! FEE IS \$50.00 In accordance with s. 607.193(2)(b), F.S., the					limitod	Mai	ke check payable	to	
	E 14044111 FEE 13 430.00					ł .			
	ary 1, 2006, Fee will be \$100.00	liability company did r				ł .	la Department of S	State	
		liability company did r				Florid	Ia Department of S	State	
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