


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000079387</b>	
1. Entity Name <b>STOCK FINANCIAL, LLC</b>	

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 30 AM 9:49

Principal Place of Business <b>8012 GRAND LELY DRIVE NAPLES, FL 34112</b>	Mailing Address <b>8012 GRAND LELY DRIVE NAPLES, FL 34112</b>
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2. Principal Place of Business <b>4700 Tamiami Trail N. Suite 6 Naples, FL 34103</b>	3. Mailing Address <b>4700 Tamiami Trail N. Suite 6 Naples, FL 34103</b>
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12082005 REIN-LLC CR2E101 (6/04)

4. FEI Number <b>20-1832305</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>GRIDER, CRAIG D ESQ. C/O GOODLETTE, COLEMAN &amp; JOHNSON, P.A. 4001 TAMIAHI TRAIL NORTH, SUITE 300 NAPLES, FL 34103</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *[Signature]* DATE 12/12/05

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

<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOCK, BRIAN K 8012 GRAND LELY DRIVE NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000063894410 01/13/06--01063--007 **\$0.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member President Erica Loh 4700 Tamiami Trail N. Naples, FL 34103 <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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 12/12/05 239-449-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #