2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000084349

City-St-Zip:

FILED Oct 22, 2007 Secretary of State

Entity Name: STOUT, INC.						
Current Pr	incipal Plac	e of Business:	New Princ	New Principal Place of Business:		
8384 CHESSMAN CT JACKSONVILLE, FL 32244				DERNESS LN E /ILLE, FL 32258	US	
Current Ma	ailing Addre	ss:	New Mailir	New Mailing Address:		
8384 CHES JACKSON\	SMAN CT /ILLE, FL 32	244	12733 WILI JACKSON	DERNESS LN E /ILLE, FL 32258	US	
FEI Number:	52-2265546	FEI Number Applied For ()	FEI Number Not Appli	cable () Cert	ificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
STOUT, LARRY S 8384 CHESSMAN CT JACKSONVILLE, FL 32244 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: LARRY S. STOUT						
	Electro	nic 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 DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (STOUT, LARR 8384 CHESSM JACKSONVILL	IAN CT	Title: Name: Address: City-St-Zip:	PD (X) Char STOUT, LARRY S 8384 CHESSMAN CT JACKSONVILLE, FL		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Char SHAW, CHARLES TV 12603 LAMAR SHAW JACKSONVILLE, FL	/ RD	
Title: Name: Address:	() Delete	Title: Name: Address:	SECR () Char JINRIGHT, ANGELA I 12733 WILDERNESS		

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.

City-St-Zip:

JACKSONVILLE, FL 32258 US

SIGNATURE: CHARLES THOMAS SHAW VP 10/22/2007