

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

1/2

05 NOV 29 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11232005 REIN-P CR2E098 (6/04)

4. FEI Number
65-1062036

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P00G00110910

1. Entity Name
STOCKTON ENTERPRISES, INC.



Principal Place of Business
750 NW 38 STREET
FT LAUDERDALE, FL 33309

Mailing Address
* PO BOX 100069
FT LAUDERDALE, FL 33310
- NO LONGER

2. Principal Place of Business

750 NW 38 STREET
Suite, Apt. #, etc.
FT LAUDERDALE, FL
City & State

3. Mailing Address

750 NW 38 STREET
Suite, Apt. #, etc.
FT LAUDERDALE, FL
City & State

Zip
33309
Country
United States

Zip
33309
Country
United States

6. Name and Address of Current Registered Agent

STOCKTON, RODNEY M
750 NW 38 STREET
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STOCKTON, RODNEY M 750 NW 38 STREET FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MEDRICK, DENISE S 23359-A SW 55TH WAY BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Rodney M Stockton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-2005 954-564-5501
Date Daytime Phone #

K. Eckel NOV 29 2005

2/2

11-23-2005

Division of Corporations
P.O. box 6327
Tallahassee, FL 32314

RE: Reinstatement

To whom it may concern:

Our Company did not receive either notice to reinstate. This is in response to your Oct 28th, 2005 letter. A copy is included. We have \$150.00 recorded with you for the 2005 fiscal year.

Thank you

Aloe #1 Labs