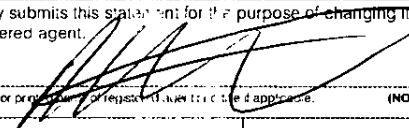
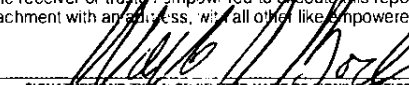


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P06000018207 1. Entity Name BOCK CORP					
Principal Place of Business 3108 ROLLING ACRES VALRICO, FL 33594			Mailing Address 523 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MALTIMNEY, WARD 525 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name Peter Stanton Street Address (P.O. Box Number is Not Acceptable) 129 E TURGOT AVE City Edgewater FL Zip Code 32132	
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  DATE 10-14-07 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$370.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCK, STEPHEN 3108 ROLLING ACRES VALRICO, FL 33594	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCK, WALTER 523 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date 10-14-07 Daytime Phone # 386 427-8007		

6. Mached **OCT 18 2007**