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	Mailing Address
3108 ROLLING ACRES VALRICO, FL 33594	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

09262007 REIN-P CR2E098 (1/07)

REINSTATEMENT 07

4. FEI Number: 33-1124549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALTINNEY, 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 ______ Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE 10-14-07

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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			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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600110917866 10/17/07--01070--001 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOCK, WALTER 523 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 10-14-07 (Date) — 386 427-8007 (Daytime Phone #)

S. Mitchell OCT 18 2007