

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 14 PM 12:18

SECRETARY OF STATE

DOCUMENT # P94000079180 1. Entity Name STERNBROOKE, INC.	
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Principal Place of Business 261 W. DOUGLAS RD. OLDSMAR, FL 34677 US	Mailing Address PO BOX 98 OLDSMAR, FL 34677 TAMPA FL. 33635-9762
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REINSTATEMENT

11266 W. HILLSBOROUGH AVE. #304
TAMPA FL. 33635-9762

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02222005	REIN-P	CR2E098 (6/04)	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3296412		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICHMAN, AMY 120 COMMERCE BLVD SUITE 5 OLDSMAR, FL 34677		Name Street Address (P.O. Box Number is Not Acceptable) City	
11266 W. HILLSBOROUGH AVE. #304 TAMPA, FL. 33635-9762		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D RICHMAN, JAMES A	<input type="checkbox"/>
NAME	261 W. DOUGLAS	
STREET ADDRESS	OLDSMAR, FL 34677	
CITY-ST-ZIP		
TITLE	D RICHMAN, AMY	<input type="checkbox"/>
NAME	231 W. DOUGLAS	
STREET ADDRESS	OLDSMAR, FL 34677	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	200048848112		
NAME	03/22/05--01027--014		
STREET ADDRESS	**908.75		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: AMY RICHMAN AMY RICHMAN 3-1-05 813-955-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #