

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV 29 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079180 1. Entity Name STERNBROOKE, INC.		
Principal Place of Business 261 W. DOUGLAS RD. OLDSMAR, FL 34677 US		Mailing Address 11266 W. HILLSBOROUGH AVENUE, #304 TAMPA, FL 33635-9762
2. Principal Place of Business 261 E. Douglas Rd		3. Mailing Address 13911 W. HILLSBOROUGH AVE
Suite, Apt. #, etc. City & State Oldsmar FL		Suite, Apt. #, etc. # 306 City & State TAMPA
Zip 34677		Zip FL 33635
4. FEI Number 59-3298412		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		11282006 REIN-P CR2E088 (11/05)
6. Name and Address of Current Registered Agent RICHMAN, AMY 11266 W. HILLSBOROUGH AVENUE, #304 TAMPA, FL 33635-9762		7. Name and Address of New Registered Agent Name AMY RICHMAN Street Address (P.O. Box Number is Not Acceptable) 13911 W. HILLSBOROUGH AVE #306 City TAMPA FL Zip Code 33635
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: <i>[Signature]</i> AMY RICHMAN DATE: 11/27/06 <small>(Type, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 <input type="checkbox"/> Delete RICHMAN, JAMES A 261 W. DOUGLAS OLDSMAR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICHMAN, AMY 231 W. DOUGLAS OLDSMAR, FL 34677	Change <input type="checkbox"/> Addition <input type="checkbox"/> 261 DOUGLAS RD E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	Change <input type="checkbox"/> Addition <input type="checkbox"/> 261 DOUGLAS RD E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	Change <input type="checkbox"/> Addition <input type="checkbox"/> (Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	Change <input type="checkbox"/> Addition <input type="checkbox"/> (Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	Change <input type="checkbox"/> Addition <input type="checkbox"/> (Empty)
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: <i>[Signature]</i> AMY RICHMAN		Date: 11/27/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>

REINSTATEMENT

2006

11/29