

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000079180

1. Entity Name
STERNBROOKE, INC.



FILED

06 NOV 29 PM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 261 W. DOUGLAS RD. OLDSMAR, FL 34677 US	Mailing Address 1391 W. HILLSBOROUGH AVENUE, #30 W TAMPA, FL 33635-9762
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

11-29-06 REIN P CR2E098 (11/05) *ob*

4. FET Number **59-3296412** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RICHMAN, AMY
1391 W. HILLSBOROUGH AVENUE, #306
TAMPA, FL 33635-9762

7. Name and Address of New Registered Agent

Name
STERNBROOKE INC

Street Address (P.O. Box Number is Not Acceptable)
1391 W. HILLSBOROUGH # AVENUE #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 *Amy Richman* **AMY RICHMAN** 11/14/06
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, 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	D <input type="checkbox"/> Delete RICHMAN, JAMES A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081824451
NAME	261 W. DOUGLAS	NAME	11/15/06--01047--019 **158.75
STREET ADDRESS	OLDSMAR, FL 34677	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete RICHMAN, AMY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	231 W. DOUGLAS	NAME	
STREET ADDRESS	OLDSMAR, FL 34677	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 my address, with all other like empowered.

SIGNATURE: *Amy Richman* **AMY RICHMAN** 11/14/2006 727-934-5555
Signature and typed or printed name of signing officer or director Date Daytime Phone #