


142

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 27 AM 10:00

DOCUMENT # 332904	
1. Entity Name STEMBRIDGE REAL ESTATE CO INC	

Principal Place of Business 544 NE 126TH STREET N. MIAMI, FL 33161 US	Mailing Address 544 NE 126TH STREET N. MIAMI, FL 33161 US
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REINSTATEMENT 05-06-



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02222006 REIN-P CR2E098 (11/05)

City & State	City & State	4. FEI Number 59-1218891	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**STEMBRIDGE, COMER
202 N. KROME AVENUE
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEMBRIDGE, COMER 202 N. KROME AVENUE HOMESTEAD, FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEMBRIDGE, HOMER 544 N.E. 126TH STREET NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEMBRIDGE, JOHN 545 N.E. 126TH STREET NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200067377932 03/08/06--01006--024 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Homer Stemberidge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06 305-891-4329
Date Daytime Phone #

2 of 2

Stembridge Real Estate Co. Inc.

544 N. E. 126 St.
North Miami, Fl. 33161-471
305-891-4329

Feb. 22, 2006

To Whom It May Concern,
Re: Document # 332904

Please find our renewal fee of \$300.00 enclosed. We are asking for a waiver to the reinstatement fee for the following reasons. Two of our buildings were severely damaged by the hurricane. We had to put new roofs at great expense. Please accept our renewal fee and wave the penalty.

Thank you for your understanding and help.

Homer Stembridge

Homer Stembridge
Secretary-Treasurer, Director