PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 27 AM 11:33

DOCUMENT # F04000003325

1. Corporation Name
Sunbridge Capital, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
6300 Nall Avenue, 2nd Fl.	6300 Nall Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2nd Fl.
City & State: Mission, KS	City & State: Mission, KS
Zip: 66202 Country: USA	Zip: 66202 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 6/9/04

5. FEI Number 74-2847968 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: National Registered Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Dr., Ste. 4
Suite, Apt. #, Etc.:
City: Weston State: FL Zip Code: 33331

000091655835
11/27/06--01045--021 **699.75
000091655835
11/09/06--01039--003 **61.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: by: Lisa Reeves — Lisa Reeves, Assistant Secretary
REGISTERED AGENT MUST SIGN
Date: 11/2/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Adrian Weber	6300 Nall Avenue, 2nd Fl.	Mission, KS 66202
C/D	Michael J. Ellis	6300 Nall Avenue, 2nd Fl.	Mission, KS 66202
VP/D	Douglas E. Moskowitz	6300 Nall Avenue, 2nd Fl.	Mission, KS 66202
VP/D	Steven F. Dowd	6300 Nall Avenue, 2nd Fl.	Mission, KS 66202
CFO	Robert Mapes	6300 Nall Avenue, 2nd Fl.	Mission, KS 66202

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert Mapes 11/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 27 2006