PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # K 9 4 2 9 7 1. Corporation Name SOUTH BR I DEE COMPANY / NC 2. Principal Office Address 38 VISTA DEL RIU 38 VISTA DEL RIU 38 VISTA DEL RIU 38 VISTA DEL RIU Sulle, Api 8, etc. City & State BoyNTOU BEACH TI. City & State To Do Business in Fonds To Do Business in Fonds Sulle, Api 8, etc. 4. Date Incorporated or Qualified To Do Business in Fonds To Do Business in Fonds To Do Business in Fonds Sulle, Api 8, etc. 4. Date Incorporated or Qualified To Do Business in Fonds Sulle, Api 8, etc. 5. FEI Number 650 / 500 40 Sulle, Api 8, etc. 1. Name and Address of Current Registered Agent To Do Business in Fonds Sulle, Api 8, etc. 1. Name and Address of Current Registered Agent To Do Business in Fonds Sulle, Api 8, etc. 1. Name and Address of Current Registered Agent To Do Business in Fonds Sulle, Api 8, etc. 1. Name and Address of Current Registered Agent To Do Business in Fonds Sulle, Api 8, etc. 1. Name and Address of Current Registered Agent To Do Business in Fonds Times Times Only Name of To Do Business in Fonds Sulle, Api 8, etc. 1. Name of To Do Business in Fonds Sulle, Api 8, etc. 1. Name and Address of Current Registered Agent Times Only Name of To Do Business in Fonds Sulle, Api 8, etc. 1. Name of To Do Business in Fonds Sulle, Api 8, etc. 1. Name of To Do Business in Fonds Sulle, Api 8, etc. 1. Name of To Do Business in Fonds Times Only Name of To Do Business in Fonds Only Sulle, Api 8, etc. 1. Name of To Do Business in Fonds Times Only Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To Do Business in Fonds Times Only Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To Do Business Only Sulle, Api 8, etc. 1. Name of To D	Ren		ES IT			DIVIS	ecretar	TMENT OF y of State ORPORATIONS		SE DIVIS 03	CRETARY ION OF C	ED Y OF STATE ORPORATION AM 8: 27		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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JOHN E. CLARKE (registered Agent/100% Stockholder) 38 Vista Del Rio, Boynton Beach Fl. 33426 561 736 6324

April 23, 2003

Florida Department Of State Secretary of State Division of Corporations

Re: Corporation Reinstatement of Southbridge Company Inc. Document K94297.

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Dear Reinstatement Authority:

This is to confirm that the reason the Annual Report was not filed since is that our mail was transferred to another address in 2000 and we did not receive the filing documents after that even though we notified the state of the new address. Please adjust our reinstatement fee to compensate for the failure to receive the Annual Report notices.

Thank You.

John E. Clarke, President