


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 29 AM 8:27

DOCUMENT # **K94297**

1. Corporation Name
SOUTHBRIDGE COMPANY INC

2002-2005
LUBK

500019088265
05/15/03--01064--016 **450.00

2. Principal Office Address 38 VISTA DEL RIO		3. Mailing Office Address 38 VISTA DEL RIO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH FL.		City & State BOYNTON BEACH FL.	
Zip 33426	Country USA	Zip 33426	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **June 8 1989**

5. FEI Number **650150040**

Applied For	
Not Applicable	

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

01-03

7. Name and Address of Current Registered Agent

Name **JOHN E. CLARKE**

Street Address (P.O. Box Number is Not Acceptable)
38 VISTA DEL RIO

Suite, Apt. #, Etc.

City **BOYNTON BEACH FL.** State **FL** Zip Code **33426**

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 **John E Clarke** Date _____

REGISTERED AGENT MUST SIGN

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
PRES	JOHN E CLARKE	38 VISTA DEL RIO	BOYNTON BEACH FL.

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 under section 119.07(3)(i), 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: **John E Clarke** **JOHN E CLARKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **736 561 6324**

CR2E081 (11/02)

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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

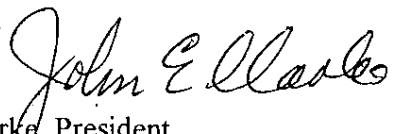
Florida Department Of State
Secretary of State
Division of Corporations

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

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