

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 23 PM 1:42

1. DOCUMENT # M02000001948

Name and Mailing Address

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BRIDGE TECHNOLOGIES, LTD. CO.  
884 MEHRING WAY  
CINCINNATI OH 45203-1876



New Mailing Address		4. State/Country of Formation OH	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/25/2002	
Principal Place of Business 884 MEHRING WAY CINCINNATI OH 45203	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 31-1426171	Applied For Not Applicable
8. Name and Address of Current Registered Agent WHITE, MAUNSEL 60 CLAYTON LANE SUITE B-8 GRAYTON BEACH FL 32459		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Maurice White</u> <b>SIGNATURE REQUIRED</b> Date <u>12-14-03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ZAX, ED	884 MEHRING WAY	CINCINNATI OH 45203
MGR	KUNKEL, DAVE	884 MEHRING WAY	CINCINNATI OH 45203
<b>REINSTATEMENT 2003</b> <u>100025728491</u> 12/23/03--01041--008 **150.00			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u>Dave Kunkel</u> <b>SIGNATURE REQUIRED</b>		Date <u>12-17-03</u> Daytime Phone # <u>800-344-2102</u>	
Typed or printed name of signing Managing Member/Manager			