

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -2 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067926

1. Corporation Name

STONEBRIDGE TECHNOLOGY
GROUP, INC.

2. Principal Office Address

7664 OLEANDER GATE DR.

Suite, Apt. #, etc.

SUITE 202

City & State

NAPLES, FL.

Zip

34109

Country

USA

3. Mailing Office Address

7664 OLEANDER GATE DR.

Suite, Apt. #, etc.

SUITE 202

City & State

NAPLES, FL.

Zip

34109

Country

USA

800009795108

01/03/03--01009--005 **908.75

REINSTATEMENT 02-03

4. Date incorporated or Qualified
To Do Business in Florida

JULY 13, 2000

5. FEI Number

65-1025598

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

EUGENE E. MURTHA

Street Address (P.O. Box Number is Not Acceptable)

7664 OLEANDER GATE DR.

Suite, Apt. #, Etc.

SUITE 202

City

NAPLES

State

FL

Zip Code

34109

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

Eugene E. Murtha

REGISTERED AGENT MUST SIGN

Date

1/31/02

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
<u>P/O</u>	<u>EUGENE E. MURTHA</u>	<u>SUITE 202</u> <u>7664 OLEANDER GATE DR.</u>	<u>NAPLES, FL. 34109</u>
<u>M/D</u>	<u>THERESA H. MURTHA</u>	<u>SUITE 202</u> <u>7664 OLEANDER GATE DR.</u>	<u>NAPLES, FL. 34109</u>

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:

Eugene E. Murtha - EUGENE E. MURTHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/02

Daytime Phone #

239
596-3579

CR2081 (9/01)

2/16