

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 29 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~p0200030567~~ 702000030567

1. Corporation Name

STONEBRIDGE ENTERTAINMENT, INC

5053 OCEAN BLVD
SAME

2. Principal Office Address

5053 OCEAN BLVD

Suite, Apt. #, etc.

271

City & State

SARASOTA, FLORIDA

Zip

34242

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

900039693439
07/29/04--01042--007 **300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 03/20/2002

5. FEI Number

03-0411879

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

STEVE TATONE

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

5855 MIDNIGHT PASS RD

Suite, Apt. #, Etc.

718

City

SARASOTA,

State

FL

Zip Code

34242

MRS

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

REGISTERED AGENT MUST SIGN

Date 07/27/2004

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	STEVE TATONE	5855 MIDNIGHT PASS RD 718	SARASOTA, FL. 34242

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE TATONE - PRESIDENT

Date

07/27/2004

941-780-1515

Daytime Phone #

CR2E081 (01/04)

LOU KAKOURIS
ENROLLED AGENT

292

L.K. ACCOUNTING & TAXES INC.

Individual & Corporate

2477 Stickney Point Rd. Suite 117 B
Sarasota, FL 34231

(941) 927-3822
Fax (941) 924-8632
loutax@concentric.net

Memo

Date: 07/26/2004

To: DIVISION OF CORPORATIONS

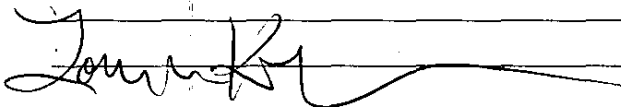
From: STONEBRIDGE ENTERTAINMENT, INC.

Subject: WAIVER OF REINSTATEMENT FEE

TO WHOM IT MAY CONCERN,

THE ADMINISTRATIVE DISSOLUTION WAS CAUSED DUE TO A CHANGE IN
SHAREHOLDERS & A CHANGE IN ADDRESS BY THE REMAINING SHAREHOLDER.
THE NOTICE WAS NEVER RECEIVED BY THE RESPONSIBLE PARTY.
THEREFORE, WE ARE SENDING IN THE AMOUNT OF \$300.00 PER MY PHONE
CONVERSATION OF 7/26/04 WITH YOUR DEPARTMENT.

SINCERELY,



LOUIS W. KAKOURIS E.A.