

308.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT 17 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200137018572
10/22/08--01028--004 **450.00

200137018572
10/17/08--01037--018 **158.75
CR2E081 (10/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD6000011540
1. Corporation Name New Bridge Group INC

2. Principal Office Address - No P.O. Box # <u>80 Broad Street</u>		3. Mailing Office Address <u>80 Broad Street</u>	
Suite, Apt. #, etc. <u>5th Floor</u>		Suite, Apt. #, etc. <u>5th Floor</u>	
City & State <u>New York, New York</u>		City & State <u>New York, New York</u>	
Zip <u>10004</u>	Country <u>United States</u>	Zip <u>10004</u>	Country <u>United States</u>

4. Date Incorporated or Qualified
To Do Business in Florida 1/23/2006

5. FEI Number ☐ 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 <u>Emanuel Albritton</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2202 North Westshore Blvd</u>			
Suite, Apt. #, Etc. <u>Suite 200</u>			
City <u>Tampa</u>	State <u>FL</u>	Zip Code <u>33607</u>	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Emanuel Albritton

Date 10/15/2008

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
P	Willis Logan	80 Broad Street 5th Floor	New York New York 10004

REINSTATEMENT
07-08

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 contained in Chapter 119, 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

Willis Logan

Date 10/15/2008

Daytime Phone #