SASE READ ALL INSTRUCTION ORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P98000089007 DOCUMENT #

1. Corporation Name

LAMBRIDGE, INC.

Principal Place of Business

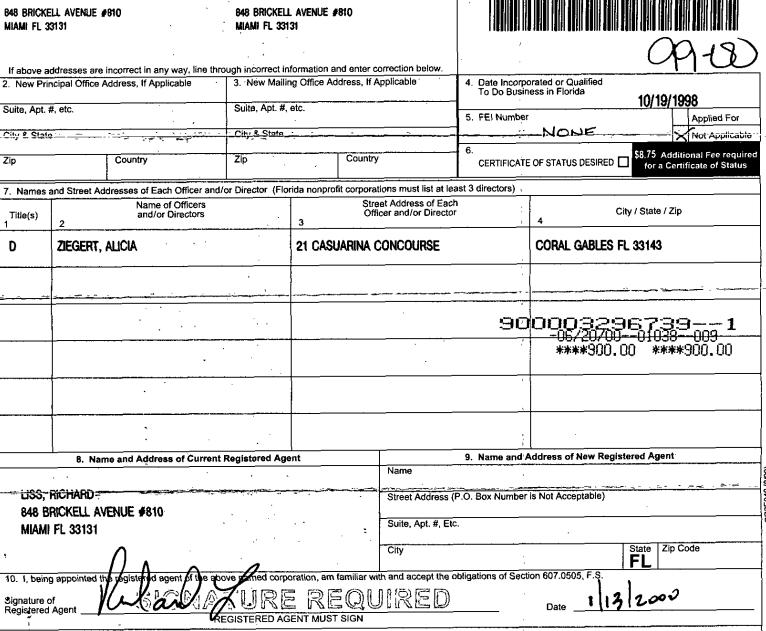
Mailing Address

848 BRICKELL AVENUE #810

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



11. 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:

SICOLUL	JRZ 2	HIG OFFICER OR DIRECTOR
SIGNATURE AND TYPED OR P	RINTED NAME OF SIGN	MAG OFFICER OR DIRECTOR

1 13 2000 (305)667-8476