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FAX AUDIT #H03-29623

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000072305

1. Corporation Name

SOUTHBRIDGE PROFESSIONAL PLAZA, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
4198 Losillias Drive	4198 Losillias Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34238 Country: US	Zip: 34238 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 8/13/99

5. FEI Number: 650982003 ☐ 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: David B. Marshall

Street Address (P.O. Box Number is Not Acceptable): 720 S. Orange Avenue

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34236

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: David B. Marshall Date: 10/13/03
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/D	Michael D. Maggio	4198 Losillias Drive	Sarasota, FL 34238

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: 10/14/03 941 356-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Prepared by: David M. Silberstein, 720 So. Orange Ave., Sarasota FL 34236; (941)364-2481; Atty Bar#436879 FAX AUDIT#H03-29623

2052

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION
Account Number : 071670002600
Phone : (941)364-2409
Fax Number : (941)364-2490

CORPORATION REINSTATEMENT

SOUTHBRIDGE PROFESSIONAL PLAZA, INC.

Certificate of Status	0
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