

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 24 AM 8:00

DOCUMENT # 735364

1. Corporation Name
BRIDGE-OF-WOOD ASSOCIATION, INC.

700029296477
03/09/04--01042--001 **61.25

REINSTATEMENT 02-04
MRS

2. Principal Office Address 3250 NW 85th Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, Florida		City & State	
Zip 33071	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 3/24/1976	
5. FEI Number 591673909	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Timothy M. Horsting, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 1515 University Drive, Suite 202		
Suite, Apt. #, Etc.		
City Coral Springs,	State FL	Zip Code 33071

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 Timothy M. Horsting, Esq. Date 2/17/04
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	Alex Markis	3250 NW 85th Avenue, #23	Coral Springs, FL 33065
T/D	Clive Shaw	3250 NW 85th Avenue, #25	Coral Springs, FL 33065
D	Robert Terry	3250 NW 85th Avenue, #21	Coral Springs, FL 33065
VP/D	Keith Augello	3250 NW 85th Avenue, #14	Coral Springs, FL 33065
D	Lynda Nelson	3250 NW 85th Avenue, #5	Coral Springs, FL 33065
D	Don Green	3250 NW 85th Avenue, #19	Coral Springs, FL 33065

SEE ATTACHED

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:

Clive Shaw 2/18/04 954 234-7937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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BRIDGE-OF-WOOD ASSOCIATION, INC.

Names and Addresses of each Officer and/or Director (Continued)

- D Efram Rosario 3250 NW 85th Avenue, #17, Coral Springs, Florida 33065
- D Robert Conners 3250 NW 85th Avenue, #14, Coral Springs, Florida 33065