

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33893

1. Corporation Name

BRIDGEWATER SUBDIVISION HOMEOWNER'S ASSOCIATION INC.

Principal Place of Business

% ROBERT E. MURRELL
250 2ND ST. S.W.
WINTER HAVEN FL 33880

Mailing Address

~~JOE SCHROEDER~~ Tim Ph. Phillips
4 16 BRIDGEWATER DR
WINTER HAVEN FL 33884
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/18/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2964340

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 | 2 | 3 | 4 |
|----------------------|---|--|-----------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| VPD | WATSON, STEVEN | 18 BRIDGEWATER DR | WINTER HAVEN FL 33884 |
| VPD PD | PHILLIPS, TIM | 4 BRIDGEWATER DR | WINTER HAVEN FL 33884 |
| STD | WATSON, TRACY Robert Miller, Robert | 18 BRIDGEWATER DR 22 | WINTER HAVEN FL 33884 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

~~SCHROEDER, JOE~~ Ph. Phillips, Tim
4 16 BRIDGEWATER DR S.E.
WINTER HAVEN FL 33884

9. Name and Address of New Registered Agent

Name: Ph. Phillips, Tim
Street Address (P.O. Box Number is Not Acceptable): 4 Bridgewater Dr S.E.
Suite, Apt. #, Etc.:
City: Winter Haven
State: FL
Zip Code: 33884

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 10/28/02

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert K. Miller Date: 28 oct 02 (863)956-1116 Daytime Phone #

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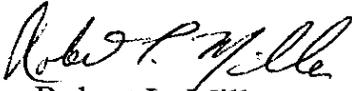
Division of Corporations
Annual Report/Reinstatement Section
PO Bob 6327
Tallahassee, FL 32314-6327

October 28, 2002

Re: NOTICE OF ADMINISTRATIVE DISSOLUTION OR
REVOCAION

Please find enclosed the Application for Reinstatement for Bridgewater Subdivision Homeowner's Association. The application packet indicates that two notices of pending dissolution should have been sent. Neither of these notices were received by any of the parties listed as officers.

Also enclosed is the fee to file the report without penalty as directed in the application.



Robert L. Miller

STD, Bridgewater Subdivision Homeowner's Association