

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



2001
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary
DIVISION OF CORPORATIONS

10/2
FILED

01 NOV -9 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076361

1. Corporation Name

BRIDGEWAY RESORT VACATIONS, INC.

Principal Place of Business

Mailing Address

6 MAN-O-WAR CT
CALEDON EAST ONTARIO
CA

6 MAN-O-WAR CT
CALEDON EAST ONTARIO 32963
CA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

5. FEI Number

65-0955332

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DRIEDIGER, RON	6 MAN-O-WAR CT	CALDEN EAST ONTARIO
			400004702994--3 -12/03/01-01085-006 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARK, BRIAN M
104 N CHURCH ST
KISSIMEE FL 34741

Name
Ned Curtis (Edwards Curtis : Ward)
Street Address (P.O. Box Number is Not Acceptable)
3055 Cardinal Dr.
Suite, Apt. #, Etc.
202
City
Vero Beach
State
FL
Zip Code
32963

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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.

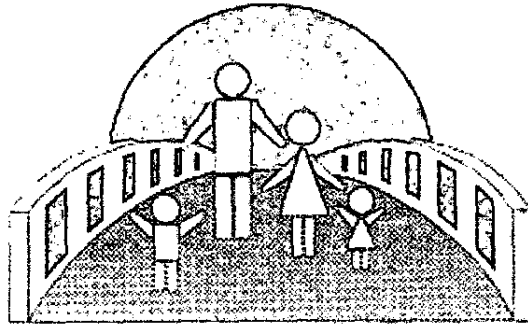
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E040 (801)



Bridgeway Resort Vacations Incorporated

November 1, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:P99000076361

Dear Sir or Madam:

On October 29, 2001 I received an application for reinstatement. As I have never seen this form before, I called your office. I was told to send a cheque in the amount of \$150.00 U.S. Dollars for the annual fee.

I hope this will clear up the matter. Please call if further information is required.

Respectfully,

Carol Tobin-Lawlor
Accountant
Bridgeway Resort Vacations Inc.