PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

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

2001 OCT 12

FILED

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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<br>CALEDON EAST ONTARIO<br>CA | 6 MAN-O-WAR CT<br>CALEDON EAST ONTARIO 32963<br>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. 202. |
| City & State | City & State Vero Beach FL |
| Zip / Country | Zip 32963 / Country USA |

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 |
| | | | |
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****150.00 ****150.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| MARK, BRIAN M<br>104 N CHURCH ST<br>KISSIMMEE FL 34741 | Name: Ned Curtis (Edwards Curtis Ward)<br>Street Address (P.O. Box Number is Not Acceptable): 3055 Cardinal Dr.<br>Suite, Apt. #, Etc.: 202<br>City: Vero Beach State: FL Zip Code: 32963 |

CR2E040 (8/01)

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: Ned D. Curtis Date: 11/7/01

REGISTERED AGENT MUST SIGN

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: R Driediger per Ch. RON DRIEDIGER Nov 1/01 905 584-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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# 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

Carol Tobin-Lawlor
Accountant
Bridgeway Resort Vacations Inc.

6 Man O War Court, Caledon East, ON L0N 1E0 Toll Free 1-800-584-1200 905-584-0584 Fax 905-584-0223