PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P

1. Corporation Name

OLD BRIDGE HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

P. O. Box 4538

500 N. Maitland Avenue

N. Ft. Myers, FL 33917 Suite 203

FILED 98 MAR 16 AM 11: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Maitland, FL 32751								
If above a	iddresses are incorrect in any way, line thr							
		3. New Mailie	iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/06/1988			
Suite Apt. # etc. Suit		Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State		City & State			65-0080777			Not Applicable
·				6. S8.75 Additional Fee required				
Zip	Country	Zip	Coun	try	CERTIFICATE	OF STATUS DESI		tificate of Status
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip			
P D	Reese, William	810 Adam Drive			N. Ft.	Myers, FI	33917	
VPD	Swyers, William	665 Miles Standish Lane			N. Ft.	Myers, F	L 33917	
SD	Moir, Patricia	317 Pioneer Place			N. Ft.	Myers,FI	33917	
TD	Forsythe, Fran	779 Lara Circle			N. Ft.	Myers,FI	33917	
D	Dozier, Elden	301 Patrick Henry Rd.			N. Ft.	Myers,FI	33917	
D	Lenz, Rosie	85 Constitution Way				Myers,FI	33917	
	8. Name and Address of Current	ent	<u>-</u>			Registered Agent		
Lee Jay Colling Street Address (P.O. Box Number is Not Acceptable)								
500 N. Maitland Avenue Suite 203								
Maitland, FL 32751								
	·	,			00002462562 -03/19/9 FE 01109023			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0404 **********************************								
Signature of Registered Agent Date 3/12/98 REGISTERED AGENT MUST SIGN								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. (See other side for information on intangible tax.)								

12. 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.