

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015333

1. Limited Liability Company's Name
Bridgeport Partnership, LLC

2. Principal Office Address
3825 Henderson Blvd.

Suite, Apt. #, etc.
Suite 207

City & State
Tampa FL.

Zip Country
33629 Hillsborough

3. Mailing Office Address
3925 Henderson Blvd.

Suite, Apt. #, etc.
Suite 207

City & State
Tampa, FL.

Zip Country
33629 USA

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida 12/12/2000

6. FEI Number 65-1062603
Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name
Jefferson F. Riddell, Esq.

Street Address (P.O. Box Number is Not Acceptable)
3400 S. Tamiami Trail, Ste 202

Suite, Apt. #, Etc.
Ste 202

City
Sarasota, FL

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-12/06/01--01012--016
****150.00 ****150.00

State Zip Code
FL 34239

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent Jefferson F. Riddell
REGISTERED AGENT MUST SIGN

Date 11-29-01

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/ Manager | City / State / Zip |
|--------|--------------------------------------|--|---------------------|
| M | Robert J. Martin | 3825 Henderson Blvd. #207 | Tampa, FL. 33629 |
| M | Gary Brown | 1420 Westbrook | Sarasota, FL. 34231 |
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager Robert J. Martin Date 11/29/01 Daytime Phone # 941-366-1300

Typed or printed name of signing Managing Member/Manager Robert J. Martin

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