

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 11 AM 10:53  
12/19

1. DOCUMENT # L02000018736  
Name and Mailing Address

0002534 01 AT 0.292 \*\*AUTO T1 0 0615 32550-399346  
BRIDGEPORT HOLDINGS, LLC  
346 SHORE DRIVE  
DESTIN FL 32550-3993



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/24/2002	
Principal Place of Business 346 SHORE DRIVE DESTIN FL 32550	3. New Principal Place of Business Address	6. FEI Number 57-1154254	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent HOCKER, KENNETH E 346 SHORE DRIVE DESTIN FL 32550	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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: [Signature] **SIGNATURE REQUIRED** Date 10/21/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HOCKER, KENNETH E	346 SHORE DRIVE	DESTIN FL 32550
100025417291 12/11/03--01019--020 **150.00			
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the registered agent 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: [Signature] **SIGNATURE REQUIRED** Date 10/21/03 Daytime Phone # 850-585-5325  
Typed or printed name of signing Managing Member/Manager