

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BARRON, REDDING, HUGHES, FITE, BASSETT & FENSOM, P.A.
Account Number : 073617000710
Phone : (850) 785-7454
Fax Number : (850) 785-2999

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
BRIDGE HARBOR INVESTMENT COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 206000066707

1. Limited Liability Company's Name

BRIDGE HARBOR INVESTMENT COMPANY, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 9362 HOLLOW WAY ROAD		3. Mailing Office Address 9362 HOLLOW WAY ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DALLAS, TX		City & State DALLAS, TX	
Zip 75220	Country USA	Zip 75220	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 7/3/2008	
6. FEI Number 205376085	Applied For Not Applicable
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

Name
J. ROBERT HUGHES, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
220 MCKENZIE AVE.

Suite, Apt. #, Etc.

City
PANAMA CITY

State
FL

Zip Code
32401

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 J. Robert Hughes Date 11/10/2009

REGISTERED AGENT MUST SIGN

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
MGR	WORTH WILLIAMS	9362 HOLLOW WAY ROAD	DALLAS, TX 75220

REINSTATEMENT -08-09

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 Worth Williams Date 11/4/09 Daytime Phone # 214 5872266

Typed or printed name of signing Managing Member/Manager Worth Williams

CS.