

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FORM.

COMPANY  
REINSTATEMENT



Secretary of State  
DIVISION OF CORPORATIONS

03 JUN 30 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000544

1. Limited liability Company's Name

BRIDGEWATER COACHES, L.C.

2. Principal Office Address

6525 Sunnyside Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Leesburg, Florida

City & State

Zip

34748

Country

Lake

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5/15/96

6. FEI Number

59-3377785

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeffrey P. Skates

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

976 Del Mar Drive

Suite, Apt. #, Etc.

City

The Villages

State

FL

Zip Code

32159

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

REGISTERED AGENT MUST SIGN

Date 6/19/03

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
Mgm	Glenda Bridges	6525 Sunnyside Drive	Leesburg, Florida 34748
Mgm	Clifton L. Bridges	6525 Sunnyside Drive	Leesburg, Florida 34748

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

Date 6/19/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Clifton L. Bridges

CR2E041 (10/02)