APR. 2. 2004 11:28AM CORPORATION SVC CO NO. 205

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
04 APR -2 PM 3:11
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000002517

1. Corporation Name
Bridgeside Square Improvement Association, Inc.

REINSTATEMENT 032

2. Principal Office Address		3. Mailing Office Address	
3033 NE 32nd Avenue		3033 NE 32nd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Fort Lauderdale, Florida		Fort Lauderdale, Florida	
Zip	Country	Zip	Country
33308	USA	33308	USA

4. Date Incorporated or Qualified To Do Business in Florida 04/05/02

5. FEI Number NONE ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Lawrence E. Blacke

Street Address (P.O. Box Number is Not Acceptable)
3326 NE 33rd Street

Suite, Apt. #, Etc.

City	State	Zip Code
Fort Lauderdale,	FL	33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date April 1, 2004

REGISTERED AGENT MUST SIGN

CR2L 087 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list an Issel & Director)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jan Idelman	3033 NE 32nd Avenue	Fort Lauderdale, Florida 33308
VP	Michael O'leary	3033 NE 32nd Avenue	Fort Lauderdale, Florida 33308
S	Jennifer Scott	3033 NE 32nd Avenue	Fort Lauderdale, Florida 33308
T	Scott Minan	3033 NE 32nd Avenue	Fort Lauderdale, Florida 33308

10. I certify that I am an officer or director or the resolver 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.

SIGNATURE: Michael O'Leary 4/1/04 954-566-1234

SIGNATURE AND PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

BRIDGESIDE SQUARE IMPROVEMENT ASSOCIATION, INC.

Certificate of Status	1
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