

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 JUN 23 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N45630

1. Corporation Name

BridgeSide Square Association, Inc.

Principal Place of Business

Mailing Address

3033 N.E. 32nd Avenue  
Ft. Lauderdale, FL 33308

3033 N.E. 32nd Avenue  
Ft. Lauderdale, FL 33308

REINSTATEMENT 94-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida  
09/27/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0287946

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Jan Idelman	3033 N.E. 32nd Avenue	Ft. Lauderdale, FL 33308
V/D	Mike O'Leary	2181 N.E. 61st Court	Ft. Lauderdale, FL 33308
T/D	Ellen Daly	3000 N.E. 32nd Avenue	Ft. Lauderdale, FL 33308
			200002221002--3 -06/24/97--01025--001 *****367.50 *****367.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

William Resnik  
3051 N.E. 32nd Avenue  
Ft. Lauderdale, FL 33308

Name

Marsha Theiss Hicks, Esq.

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

3033 N.E. 32nd Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale

200002221002--3

-06/24/97--01025--002

\*\*\*\*\*61.25 \*\*\*\*\*61.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Marsha Theiss Hicks

REGISTERED AGENT MUST SIGN

Date

6/19/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver 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., and that all fees owed by the corporation 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:

Jan Idelman

Jan Idelman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/97

Date

954-566-3044

Daytime Phone #

CR2E040 (12/95)