

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  
65-0287946

Applied For  
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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
			DBL-23-97

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name  
Marsha Theiss Hicks, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
3033 N.E. 32nd Avenue  
Suite, Apt. #, Etc.  
200002221002--3  
-06/24/97--01025--002  
City  
Ft. Lauderdale  
State  
FL  
Zip  
33308  
\*\*\*\*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

6/19/97

Date

954-566-3044

Daytime Phone #

CR2E040 (12/95)