

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

06 MAY 23 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001161

1. Corporation Name

BRIDGEPORT VILLAS ASSOCIATION, INC.

600074221366

05/09/06--01009--001 \*\*175.00

2. Principal Office Address

14275 SW 142 AV

3. Mailing Office Address

14275 SW 142 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33186

Country

USA

Zip

33186

Country

USA

REINSTATEMENT 00-06  
CR2E081 (12/05)  
07-03-03 90030 013 36225

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650733528

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

MIAMI MANAGEMENT, INC.

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

14275 SW 142 AV

Suite, Apt. #, Etc.

600074221366

05/09/06--01009--002 \*\*253 75

City

MIAMI

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5/15/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MICHELLE MENDEZ	12551 SW 143 Ln	Miami, FL 33186
VD	LOUISE SEVILLA	14213 SW 126 Pl	Miami, FL 33186
TD	ALAN LAMB	14325 SW 125 Ct	Miami, FL 33186
SD	COREY WYCHE	14292 SW 126 Pl	Miami, FL 33186
D	TINA PIPO	14257 SW 125 Ct	Miami, FL 33186

10. 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., 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 contained in Chapter 119, 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:

*Michelle Mendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

Daytime Phone #

5/26/06