

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoqd
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000122298**

1. Corporation Name

BAINBRIDGE FAIRVIEW, INC.

Principal Place of Business

Mailing Address

12791 WEST FOREST HILL BLVD.
SUITE 5B
WELLINGTON FL 33414

12791 WEST FOREST HILL BLVD.
SUITE 5B
WELLINGTON FL 33414

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2002

5. FEI Number

Applied For

Not Applicable

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | SCHECHTER, RICHARD A | 12791 WEST FOREST HILL BLVD., SU | WELLINGTON FL 33414 |
| D | MEAD, SHEILA | 12791 WEST FOREST HILL BLVD., SU | WELLINGTON FL 33414 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHECHTER, RICHARD A
12791 WEST FOREST HILL BLVD.
SUITE 5B
WELLINGTON FL 33414

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

pg 2 of 2

Bainbridge

The Bainbridge Companies

12765 W. Forest-Hill Blvd., Suite 1307
Wellington, FL 33414
(561) 333-3669
Fax (561) 793-6820

October 10, 2003

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

~~Dear Sirs;~~

Please be advised that we paid the required fee for this corporation on a timely basis. As per a conversation this morning with Barbara in your office. I was made aware of the fact a letter was sent to our office which we have no knowledge of ever receiving. Also the person who would have handled the letter has past away and we have had a personnel change. If we can be of any further assistance please feel free to contact our office. Thank you in advance for your help with this matter.



Madeline B. Green
Staff Accountant