

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 NOV -5 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-07

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000026331

1. Corporation Name

Bridgewater Ind. Inc.

2. Principal Office Address - No P.O. Box #

7643 Gate Pkwy

Suite, Apt. #, etc.

STE 104-122

City & State

JAX FL 32256

Zip

32256

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 2, 2004

5. FEI Number

59-380-7794

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 Cathie Dempsey Holbrook

Street Address (P.O. Box Number is Not Acceptable)  
7643 Gate Pkwy STE 104-122

Suite, Apt. #, Etc.

JAX

City

JAX

State

FL

Zip Code

32256

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Cathie D. Holbrook

Date Nov. 1, 2007

REGISTERED AGENT MUST SIGN

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
P	Cathie D. Holbrook	7643 Gate Pkwy STE 104-122	JAX FL 32256
T	CHARLOTTE HOLBROOK	7643 Gate Pkwy STE 104-122	JAX FL 32256

300112012198  
11/05/07-01058-018 \*\*\$450.00

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: Cathie Holbrook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 1, 2007

Date

Daytime Phone #

(904) 403-6872

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