

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000044129

**1. Corporation Name**

BRIDGEWATER 9B 0204 CORP.

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

2600 Douglas Rd.

**Suite, Apt. #, etc.**

Suite 1100

**City & State**

Coral Gables, FL

**Zip**

33134

Country  
USA

**3. Mailing Office Address**

2600 Douglas Rd.

**Suite, Apt. #, etc.**

Suite 1100.

**City & State**

Coral Gables, FL

**Zip**

33134

Country  
USA

**7. Name and Address of Current Registered Agent**

Name  
JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)  
2600 Douglas Rd.

Suite, Apt. #, Etc.  
Suite 1100

City  
Coral Gables

State  
FL

Zip Code  
33134

**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

REGISTERED AGENT MUST SIGN

Date 01/26/07

**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/D	KAREL JERAK	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134
S/D	IVAN JERAK	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134
			K. Eckel JAN 30 2007

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/07

Date

305-279-4101

Daytime Phone #

FILED

07 JAN 29 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500087496525  
02/06/07--01041--010 \*\*450.00

REINSTATEMENT

CR2E081 (1/07)

05-07

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/09/2004

**5. FEI Number**  
20-0828977

Applied For  
Not Applicable

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

☒ 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.