

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB 28 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000096567

1. Corporation Name

**BRIDGEWAY LAND TITLE COMPANY, INC.**

300091010873  
03/06/07--01009--030 \*\*1050.00

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

**13011 BELLERIVE LANE**

3. Mailing Office Address

**13011 BELLERIVE LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**32828**

Country

**USA**

Zip

**32828**

Country

**USA**

**REINSTATEMENT**  
03-07

4. Date Incorporated or Qualified  
To Do Business in Florida

**JUNE 24, 2004**

5. FEI Number

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

**JOHN VERNON HEAD**

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

**13011 BELLERIVE LANE**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32828**

☐ 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

Date **23 Feb. 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/D	SHELDON PETTLE	100 MURAL STREET, SUITE 200,	RICHMOND HILL, ONTARIO, L4B 1J3. CANADA

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:

**SHELDON PETTLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sheldon* 9/07 1-908-731-4999x202