

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000051633**

1. Corporation Name

BRIDY ENTERPRISES, INC.

Principal Place of Business

**2407 NW 135 ST.
STE. 101
MIAMI FL 33167**

Mailing Address

**2407 NW 135 ST.
STE. 101
MIAMI FL 33167**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

07/19/1993

5. FEI Number

65-0427741

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	BRIDY, EDWARD A	1265 SEMINOLE DR. 2407 N.W. 135 Street #101	FT. LAUDERDALE FL 33304 Miami, Florida 33167
			3000002624653--5 -08/25/98--01055--017 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

**BRIDY, EDWARD A
1265 SEMINOLE DR.
FT. LAUDERDALE FL 33304**

9. Name and Address of New Registered Agent

Name

Edward A. Bridy

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

2407 N.W. 135 Street

Suite, Apt. #, Etc.

Suite 101

City

Miami

State

FL

Zip Code

33167

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.

Signature of
Registered Agent

Edward A. Bridy

REGISTERED AGENT MUST SIGN

Date **August 14, 1998**

11. This corporation ~~owes~~ or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Edward A. Bridy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 14, 1998 (305) 769-0146

Date

Daytime Phone #

FILED

98 AUG 21 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (8/97)