

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -4 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081777**

1. Corporation Name

BRIDGEPORT PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

% ARAZOZA & COMAS, P.A.
101 MADEIRA AVE.
CORAL GABLES FL 33134

% ARAZOZA & COMAS, P.A.
101 MADEIRA AVE.
CORAL GABLES FL 33134

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0545792

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BATHGOTT, RENE L	C/O 101 MADEIRA AVENUE	CORAL GABLES FL
VPD	QUERREL, LUIS E	C/O 101 MADEIRA AVENUE	CORAL GABLES FL
SD	CAMACHO, JUDITH	C/O 101 MADEIRA AVENUE	CORAL GABLES FL
PD	PIERLUISSI, VIRNA	C/O 101 MADEIRA AVENUE	CORAL GABLES, FL
SD	LACRUZ, MERCEDES	C/O 101 MADEIRA AVENUE	CORAL GABLES, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARAZOZA & COMAS, P.A.
101 MADEIRA AVE.
CORAL GABLES FL 33134

Name
Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.
Street Address (P.O. Box Number is Not Acceptable)
600002000756--7
Suite, Apt. #, Etc.
-11/08/96--01090--003
City
State
FL Zip Code
375.00

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

Teresa de Torres

TERESA DE TORRES, Managing Director

Date 10/3/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Virna Pierluissi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRNA PIERLUISSI

10/11/96

Date

Daytime Phone #