## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FOR



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

REINSTATEMENT

P95000002682

Dept. of Revenue under S. 199.032, Florida Statutes.

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

## BAINBRIDGE FINANCIAL CORPORATION

Principal Place of Business

SIGNATURE:

Mailing Address

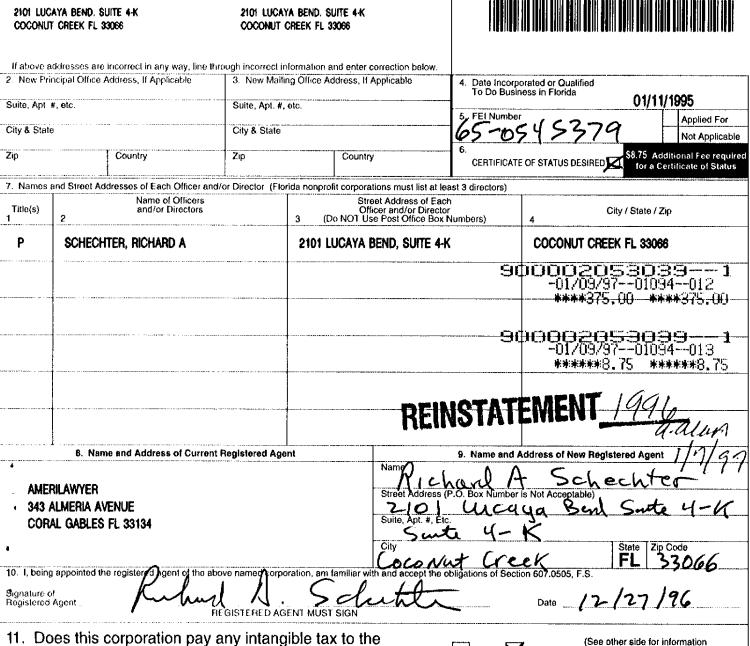
2101 LUCAYA BEND, SUITE 4-K COCONUT CREEK FL 33066

2101 LUCAYA BEND. SUITE 4-K COCOMUT CREEK FL 33066

97 JAN -7 PM 3:12

on intangible tax.)

12/27/96 202-9



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 reinstaltement 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