PLEASE READ	ALL INSTRUCTIONS	S REFORE C	COMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of	NT OF STATE <b>rtham</b> State	7 A CS YOLD AT 1
Dividicit di doni di Antono		PRATIONS	98 JUN 10 AM 8: 17
DOCUMENT #095000074703			ODOBUTARY OF STATE
BRIDGE INVESTMENT & REALTY, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Malling Address		
801 NE 167 StrEET   Suite 310	801 NE 167 STREET Suite 316		The second of the second secon
MIAMI, FL 33162 MIAMI, FL 33162.  If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT 91-98	
2. New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. FEI Number Applied For
City & State	City & State		6. Not Applicable
Zip Country	Zip Counti	ГУ	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o		ations must list at lea- reet Address of Each	
1 2 3 (Do NOT Use		flicer and/or Director se Post Office Box N	lumbers) 4
TOIR. EMILIE M. SHAHAB 20100 HIGHLAND LAKES MIAMI, FL 3317			
			0000025613902 -06/16/9801094026 *****900,00 *****900,00
			JO-12-08
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent
EMILIE M. SHAHAR			
20100 HAGHA HIGHLAND LAKES BLUTO		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.	
MIAMI, FL 33179.			
10. I have conditted the registered agent of the about	a named compration am familiar wi	1	State   Zip Code   FL
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 Date  REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No K (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: SIGNATURE AND TYPED OR PRIN	Spachall TED NAME OF SIGNING OFFICER OR D	DIRECTOR	6 · 5 · 9 8 (305)  Date Daytime Phone #