

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059250

1. Corporation Name

Bristol Park Ventures, Inc.

2. Principal Office Address

2560 SW 102 DR.

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33324

Country

USA

3. Mailing Office Address

2560 SW 102 DR.

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33324

Country

USA

100008790141  
11/04/02--01096--005 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650769912

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

DEBRA R. SIGNORE - SAVAGE

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

2560 SW 102 DR.

Suite, Apt. #, Etc.

City

DAVIE

State  
FL

Zip Code

33324

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

*Debra R. Signore-Savage*  
REGISTERED AGENT MUST SIGN

Date 10/30/02

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	DEBRA SIGNORE-SAVAGE	2560 SW 102 DR	DAVIE FL 33324
VP	ANGUS C. ROGERS	73 S. PALM AVE, STE 223	SARASOTA FL 34236

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 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:

*Debra R. Signore-Savage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA SIGNORE-SAVAGE

Date

10/30/02 954 748-5551

Daytime Phone #

CR2E081 (9/01)

***Bristol Park Ventures, Inc.***  
***2560 S.W. 102 Dr.***  
***Davie, Florida 33324***  
***(954) 232-9994 Fax (954) 473-6303***

October 30, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Secretary Smith,

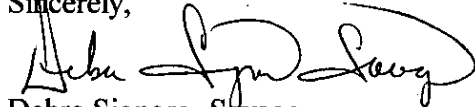
It has come to my attention that my corporations' status is not up to date. Since the beginning of October 2000, there have been ongoing attacks on my company, Bristol Park Ventures, Inc and me. My partners have aggressively attempted to put my company out of business. My mail was apparently received at the Coral Springs address and was not forwarded.

Because of this situation, I never received any correspondence from your office notifying me of my corporations' status.

Please accept my respectful request to reinstate my corporation and waive the related late fees. I have enclosed a check for \$150.00, the reinstatement form and request that your records reflect the correct mailing address indicated above and on the attached form.

Thank you in advance for your assistance and understanding in this matter.

Sincerely,



Debra Signore- Savage  
President