

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -2 AM 8:01

DOCUMENT #

P97000097278

1. Corporation Name

BRIDGEHEAD GROUP LIMITED, INC.

2. Principal Office Address

201 JEFFERSON AVENUE

Suite, Apt. #, etc.

3E

City & State

MIAMI

FL

Zip

33139

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

200009618452
12/20/02--01081--002 **1508.75

REINSTATEMENT 98-02

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 10th 1997

5. FEI Number

☒ 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

JEPPE L. HANSEN

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

201 JEFFERSON AVENUE 3E

Suite, Apt. #, Etc.

3E

City

MIAMI BEACH

State
FL

Zip Code

33139

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/13/02

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
CEO	JEPPE L. HANSEN	201 JEFFERSON AVE. M.B 33139	MIAMI BEACH 33139

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/02

305.692 0786
Daytime Phone #

CR2081 (9/01)

01/02/03 ad