

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 27 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086436

1. Corporation Name

THE BRIDGEPORT ENERGY CORP.

2. Principal Office Address

4649 Ponce de Leon Blvd.

3. Mailing Office Address

P.O. Box 143639

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33146

Country

U.S.A.

Zip

33114-3639

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/8/1998

5. FEI Number

65-0900348

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

Sanchez & Associates, P.A.

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

4211 N.w. 2nd Terrace

500004525125-8

Suite, Apt. #, Etc.

08/08/01-01092-125

******908.75 ****908.75**

City

Miami,

State

FL

Zip Code

33126

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

Date **6/16/01**

REGISTERED AGENT MUST SIGN

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/D	William Van Vliet, III	P.O. Box 143639	Coral Gables, FL 33114-3639

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/01 305-491-2900

Date

Daytime Phone #

CR2E081 (9/99)