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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB - 6 PM 4:06

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000086436

1. Corporation Name

The Bridgeport Energy Corp.

REINSTATEMENT 03-04

2. Principal Office Address

2520 SW 22nd St.

3. Mailing Office Address

2520 SW 22nd St.

Suite, Apt. #, etc.

-2-296

Suite, Apt. #, etc.

2-296

City & State

Miami FL

City & State

Miami FL

Zip

33145

Country

USA

Zip

33145

Country

USA

4. Data Incorporated or Qualified
To Do Business In Florida

10/8/1998

5. FBI Number

65-0900348

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott J. Perdigon, PA

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

169 E Flagler Street, Suite 1690

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of
Registered Agent

See Attached for Signature

Date

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
PD	William Van Vliet	PO Box 143639	Orlando FL 32814
D	Shelby A Smith	2520 SW 22nd St	Miami FL 33145

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)(f), 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

Date

Daytime Phone #

2/11/04

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Bridgeport Energy Corp.
2. The principal office address: 2520 SW 22nd Street, Ste 2-296
Miami, FL 33145
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/21/1998 Document number: P980000086436

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sanchez & Associates, P.A.
4211 N.W. 2nd Terrace
Miami FL 33126

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Scott J. Perdigon, P.A.
169 East Flagler Street, Suite 1640
(P.O. Box or personal mailbox NOT acceptable)
Miami FL 33131

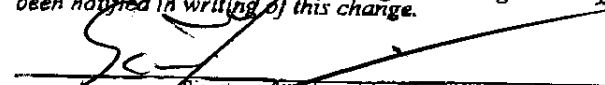
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X 
(Signature of an officer or director)

Shelby A Smith, Director
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Scott J. Perdigon
(Typed or Printed Name)

President
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314