PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -6 PM 4:06

DOCUMENT # P98000086436

1. Corporation Name
The Bridgeport Energy Corp.

REINSTATEMENT 03-04
10/3/03 01011 023 750.00
02/06/04 01027 005 150.00

2. Principal Office Address	3. Mailing Office Address
2520 SW 22nd St.	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. 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 ☐ $9.75 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 1640
Suite, Apt. #, Etc.:
City: Miami 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

CR2E081 (10/02)

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
PD	William Van Vliet	PO Box 143639	Coral Gables FL 33114
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)(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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/11 aw

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: 10/8/1998 Document number: P98000086436
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 _____ Shelby A Smith, Director
(Signature of an officer or director) (Typed 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 President
(Typed or Printed Name) (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