PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2016 DEC -5 A 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000118736

1. Limited Liability Company's Name
BRIDGE FINANCIAL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8010 Blair Mill Way	8010 Blair Mill Way Suite #1412E
Suite, Apt. #, etc.: Suite #1412E	Suite, Apt. #, etc.: Suite #1412E
City & State: Silver Spring, MD	City & State: Silver Spring, MD
Zip: 20910 / Country: USA	Zip: 20910 / Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 12/13/2005

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. **Name and Address of Current Registered Agent**

Name: MICHAEL CHEPKWONY

Street Address (P.O. Box Number is Not Acceptable) Suite,: 382 NE 191ST ST

Apt. #, Etc.: STE 25825

City: MIAMI | State: FL | Zip Code: 33179

800292876558
12/02/16--01015--024 **1512.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	MICHAEL CHEPKWONY	8010 Blair Mill Way Suite #1412E	Silver Spring, MD 20910

REINSTATEMENT
2007-2016
D.B.

11. E-mail Address: _____

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 11/25/2016 Daytime Phone # (301) 523-3775

Typed or printed name of signing authorized representative/member MICHAEL CHEPKWONY