

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

07 FEB 19 PM 2:56

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02/27/07--01013--009 **315.00

DOCUMENT # N02000007932

1. Corporation Name

Bridging The Gap Outreach Inc.

REINSTATEMENT 03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

5715 Hardaway Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 0722

Suite, Apt. #, etc.

City & State

Chattahoochee, FL

Zip

32324

Country

U. S.

City & State

Chattahoochee, FL

Zip

32324

Country

U. S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2002

5. FEI Number

03-0486363

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

Titus B. Deas, Jr.

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

225 Quail Roost Drive

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32352

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Titus B. Deas, Jr.

REGISTERED AGENT MUST SIGN

Date 2/16/07

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	Titus B. Deas, Jr.	225 Quail Roost Dr.	Quincy, FL 32352
VP/D	Sharon B. Gilcrease	122 Pavillion Dr.	Quincy, FL 32351
SH	Cherry A. Parks	181 Beech St.	Gretna, FL 32332
T/D	Marty R. Close	400 Byrd Rd.	Quincy, FL 32351
D	Lottie McMillan	339 Cochran Rd.	Chattahoochee, FL 32324

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 contained in Chapter 119, 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:

Titus B. Deas, Jr.

Titus B. Deas, Jr.

2/16/07

850-445-270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #