

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 FEB 20 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

REINSTATEMENT 09-14

DOCUMENT #

1. Limited Liability Company's Name

Bridges Consulting Group, LLC (#L00000001656)

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

2001 Mercy Dr.

Suite, Apt. #, etc.

Ste. 101

City & State

Orlando, FL

Zip

32808

Country

USA

3. Mailing Office Address

2001 Mercy Dr.

Suite, Apt. #, etc.

Ste. 101

City & State

Orlando, FL

Zip

32808

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/07/2000

6. FEI Number

59-3632285

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

William A. Boyles

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

301 E. Pine St.

Suite, Apt. #, Etc.

Ste. 1400

City

Orlando

State

FL

Zip Code

32801

E-mail Address:

100256994051

02/20/14--01032--006 **957.50

marvel@bridgesofamerica.org

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

William A. Boyles
REGISTERED AGENT MUST SIGN

Date 2-11-2014

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Lori Costantino-Brown	2001 Mercy Dr., Ste. 101	Orlando, FL 32808

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.406, 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 Managing
Member/Manager

Lori Costantino-Brown

Date

1/30/14

Daytime Phone #

407-291-1500

Typed or printed name of signing Managing Member/Manager

Lori Costantino-Brown, Managing Member