

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

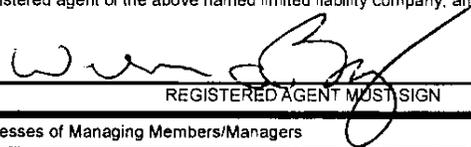
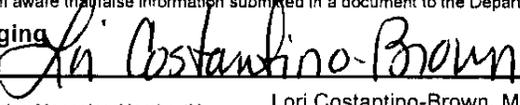
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2014 FEB 20 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

REINSTATEMENT 09-14

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
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 <input type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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  Date 2-11-2014 REGISTERED AGENT MUST SIGN					
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  Date 1/30/14 Daytime Phone # 407-291-1500 Typed or printed name of signing Managing Member/Manager Lori Costantino-Brown, Managing Member					