

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2018 MAY 18 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L14000160405

1. Limited Liability Company's Name
BRIDGE CAPITAL GROUP LLC

400313653944
 05/18/18--01006--007 **238.75

2. Principal Office Address - No P.O. Box # 3440 FOWLER ST		3. Mailing Office Address 3103 6TH SW	
Suite Apt. # etc C		Suite Apt. # etc	
City & State FORT MYERS		City & State LEHIGH ACRES	
Zip 33901	Country USA	Zip 33976	Country USA

CR250411014

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 12/15/2015	
5. FEI Number 81-1424131	<input type="checkbox"/> 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
JOSEPHUS JOSEPH

Street Address (P.O. Box Number is Not Acceptable); Suite
3103 6TH ST SW

Apt. # Etc

City
LEHIGH ACRES

State
FL

Zip Code
33976

M. MILLIGAN
 MAY 22 2018

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 **05/15/2018**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	JOSEPHUS JOSEPH	3103 6TH ST SW	LEHIGH ACRES/ FL/ 33976

11. E-mail Address **GLOBEXPRESS1@YAHOO.COM**

(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 **05/15/2018** Daytime Phone # **2398781634**

Typed or printed name of signing authorized representative/member **JOSEPHUS JOSEPH**