

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N000000000494**

03 DEC 23 PM 1:38

1. Corporation Name

KIDS BRIDGE, INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

81 LIGHTHOUSE AVE.
ST. AUGUSTINE FL 32084

P.O. BOX 244
ST. AUGUSTINE FL 32084



500024491505
11/07/03--01001--007 **61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3618415

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ADAMS, DEBBIE	240 BLUEBIRD LANE	ST AUGUSTINE FL 32080
TD	STRICKLAND, HOLLY	43 OCEAN PINES DRIVE	ST AUGUSTINE FL 32080
PED	MCCRANIE, RACHELLE	213 B STREET	ST AUGUSTINE FL 32080
P	O'Steen Cheryl	202 Azalea Ave.	St Augustine FL 32080
PE	Chapman, Christine	12 Ocean Side Dr.	St. Augustine FL 32080
T	Palmer Shannon	365 Marsh Point Cir.	St. Augustine FL 32080

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STRICKLAND, HOLLY
43 OCEAN PINES DRIVE
ST AUGUSTINE FL 32080

Name
O'Steen Cheryl
Street Address (P.O. Box Number is Not Acceptable)
202 Azalea Ave.
Suite, Apt. #, Etc.

City
St. Augustine

State
FL

Zip Code
32080

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

01/14/03

11. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christine M. Chapman

11/3/03

823-3180

Kids Bridge



A Supervised Visitation Center

October 14, 2003

Dear Sir/Madame,

This letter is in response to the notice of Administrative Dissolution. We ~~received our first notice on October 11, 2003; no previous notification was~~ delivered to us. As stated in the document the reinstatement fee is to be waived if no prior notice was received. As such we are enclosing our application for reinstatement as well as our check in the amount of \$61.25.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lynn Waugh Straughan".

Lynn Waugh Straughan
Program Director
Kids Bridge