PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JAN 17 PM 1:34

DOCUMENT # N01000004523

1. Corporation Name
The First Bridge University, Inc.

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01/17/12--01063--006 **857.50

REINSTATEMENT 02-12

CR2E081 (11/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 27317 NW 78th Ave. | 4123 NW 46th Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc |
| City & State: High Springs, FL. | City & State: Gainesville, FL. |
| Zip: 32643 Country: ALACHUA | Zip: 32606 Country: ALACHUA |

4. Date Incorporated or Qualified To Do Business in Florida: 6/16/2001

5. FEI Number: 59-3722760 ☐ 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: CHARLES E. STRATTAN

Street Address (P.O. Box Number is Not Acceptable): 4123 NW 46th Ave

Suite, Apt. #, Etc.

City: Gainesville State: FL Zip Code: 32606

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: C.E. Strattan Date: 1/10/2012
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| PRST | CHARLES E. STRATTAN | 4123 NW 46th Ave | G'ville, FL. 32606 |
| | | | |
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| | | | |
| | | | |
| | | | |

DE 1/18

10. E-mail Address: Rick@cyclodex.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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: C.E. Strattan 1/10/2012 386-418-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #