## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIBA*DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	; ;	SECRETARY OF STATE DIVISION OF CORPORATIONS  97 FEB 19 PM 2: 56
DOCUMENT # NO2000 1. Corporation Name Bridging The Gap		3 <b>C</b> 02/27	00089576203 /0701013009 · **315.00
2. Principal Office Address - No P.O. Box# 5715 Hardaway Hwy Suite, Apt. #, etc.	3. Mailing Office Address P. G. Box 0722 Suite, Apt. #, etc.	EIN:	STATEMENT <sub>3-0</sub>
City & State  Chattahoochee, FL  Zip Country  32324 U.S.	City & State  Chattahoochee, FL  Zip Country  32324 U.S.	5. FEI Number	orated or Qualified less in Florida 10/16/2002  O 486363  OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name Titus B. Xas Jr.  Street Address (P.O. Box Number is Not Acceptable) 225 Quail Roost Drive  Suite, Apt. #, Etc.  City Quincy State Zip Code FL 32352		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.  Signature of Registered Agent Date B. Leas G1.  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
P/O Titus B. Dea	S. Jr. 225 Quail Ruc	st Dr.	Duincy, FL 32352
VP/D Sharon B. Gila	rease 122 Pavillion	Dr.	Quincy FL 32351
Sh Cherry A. Pa	rks 181 Beech St.		Gretna, FL 32332
Thomarty R. Clo	se 400 Byrd Rd		Quincy, FL 32351
D Lottie McMill	3	Rd.	Chattahoocher, FL 32324
10. 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 filling 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 contained in Chapter 119, 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: Date B. Deas, J. Titus B. Deas, Jr. 2/16/07 850-445-2470 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #			