

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 FEB -3 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N15000007657  
1. Corporation Name The Project Bridge INC.

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address

2832 Swan Brooks Ct  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TALLA FL

City & State  
TALLA, FL

Zip Country  
32308 Leon

Zip Country  
32308 Leon

700295140427  
02/03/17--01003--009 \*\*297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ 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 Linda Provitt  
Street Address (P.O. Box Number is Not Acceptable)  
2832 Swan Brooks Ct  
Suite, Apt. #, Etc.  
TALLA FL 32308  
City State Zip Code  
FL

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 Linda Provitt

Date 2/3/17

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
CEO	Linda Provitt	2832 Swan Brooks Ct	TALLA, FL 32308
President	Termaine Henderson	2416 Shalimar Cuff	TALLA FL 32304
Treasurer	LAKISHA BROOKS	P.O. BOX 15436	TALLA, FL
Sec	Mercedes Provitt	2832 Swan Brooks Ct	TALLA, FL
Vice	Poaschia Henderson	2832 Swan Brooks Ct	TALLA, FL
VP	Robert Thomas, Jr	2851 Muirwood Ct	TALLA FL 32309

10. E-mail Address: thembrakesvalley@aol.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: Linda Provitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. ASHTON