PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -2 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30752

1. Corporation Name

BRIDGEWORK Ministries, Inc.

Principal Place of Business

1634 Nebraska Ave
Palm Harbor, FLA
34683

Mailing Address

same

REINSTATEMENT 90-97

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

2. New Principal Office Address, If Applicable

same as above

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

same as above

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: Feb 17, 1989

5. FEI Number: 59-2940904 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P +	Sandra L. Brown	1634 Nebraska Ave Palm Harbor, Fl 34683	
D V +	Kenneth J. Brown	37 N. Highland Ave Dunedin, FL 34680	
D Sec T +	Joyce Hosmer-Brown	1024 Pass-a-Grille Way St Pete Beach, Fl 33706	
			600002172116--6 -05/08/97--01140--006 ****306.25 ****306.25
			5-7-97

8. Name and Address of Current Registered Agent

Sandra L. Brown
1634 Nebraska Ave
Palm Harbor, Fla 34683

9. Name and Address of New Registered Agent

Name: same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (12/96)

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.

Signature of Registered Agent: Sandra L Brown, MA — REGISTERED AGENT MUST SIGN — Date: 4.29.97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: Sandra L Brown, MA — 4.29.97 — 813.787.1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #