

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900022079199  
08/05/03--01073--005 \*\*297.50

REINSTATEMENT

02-03

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000893

1. Corporation Name

Bridges of America - The Gainesville Bridge, Inc.

2. Principal Office Address

2055 Mercy Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2055 Mercy Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32808-5629

Country

US

Zip

32808-5629

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/1993

5. FEI Number

59-3237976

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

Frank Costantino

Street Address (P.O. Box Number is Not Acceptable)

2055 Mercy Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808-5629

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

*Frank Costantino*

REGISTERED AGENT MUST SIGN

Date 6/16/03

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
Director	Frank Costantino	5519 Bayside Drive	Orlando, Florida 32819
Director	Grady McMurty	4698 Hall Road	Orlando, Florida 32817
Director	Don Brown	6325 Whip-O-Will Lane	St. Cloud, Florida 34771
Director	Edward W. Poitras	27 Lake Hamilton Beach	Haines City, Florida 33844
Director	Ben Harrison	P.O. Box 279	Bryson City, North Carolina 28713
Director	Lorei Costantino Brown	5519 Bay Side Dr	Orlando, FL 32819

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 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:

*Frank Costantino*

Frank Costantino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/03

Date

407-291-1500

Daytime Phone #

CR2E081 (10/02)