

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 17 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002419 (9)

1. Corporation Name

Bridges of America - The Lauderhill
Bridge, Inc.

2. Principal Office Address

2011 Mercy Drive
Suite, Apt. #, etc.

3. Mailing Office Address

2011 Mercy Dr
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32808

Country

Orange

Zip

32808

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1994

5. FEI Number

65-0499167

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

Bishop Frank Costantino

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

2011 Mercy Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

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

Lori Costantino

Date

9/15/2004

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
<u>D</u>	<u>Bishop Frank Costantino</u>	<u>2011 Mercy Drive</u>	<u>Orlando, FL. 32819</u>
<u>D</u>	<u>McMurtry, Grady</u>	<u>4698 Hall Road</u>	<u>Orlando, FL. 32817</u>
<u>D</u>	<u>Poitras, Edward W</u>	<u>27 Lake Hamilton Beach</u>	<u>Haines City, FL 33814</u>
<u>D</u>	<u>Harrison, Ben</u>	<u>P.O. Box 279</u>	<u>Bryson City, NC. 28713</u>
<u>D</u>	<u>Brown, Don</u>	<u>6325 Whip-O-Will Lane</u>	<u>St. Cloud, FL. 34777</u>
<u>D</u>	<u>Lori-Costantino-Brown</u>	<u>2011 Mercy Drive</u>	<u>Orlando, FL. 32808</u>

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:

Lori Costantino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/2004

Daytime Phone #

407-291-1500

CR2E081 (01/04)