

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUN 12 AM 11:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003086**

1. Corporation Name  
**THE CHILDREN'S FOUNDATION OF BRIDGEWAY, INC.**

Principal Place of Business Mailing Address  
 137 HOSPITAL DR. 137 HOSPITAL DR.  
 FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548



**REINSTATEMENT 01-02**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/10/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3350864	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	LOCHT, KEVIN	151 MARY ESTHER BLVD- STE 301	MARY ESTHER FL 32569
Vice President	GUY, ROBERT COL	1079 TREE POINT DR	FT. WALTON BEACH FL 32548
Treas.	GODWIN, SHARON	865 THE MASTERS BLVD	SHALIMAR FL-32579
VT	HILL, JAMES L DR	232 STEPHEN AVE	MARY ESTHER FL 32569
Secy	COLLINS, B.J.	303 HUNTER PL. NE	FT WALTON BCH FL 32547

236.25  
 61.25-AK  
 8.75-OK

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COBBS, W. DANIEL CHE 137 HOSPITAL DR. FT. WALTON BEACH FL 32548		Name Street Address (P.O. Box Number is Not Acceptable) 400005868064--2 Suite, Apt. #, Etc. -06/19/02--01077--006 City State Zip Code FL	

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 Date 5/9/02

REGISTERED AGENT MUST SIGN

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., 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: KEVIN LOCHT 5/18/02 850-244-0849

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

CR2E040 (8/01)