

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 23 PM 2:38

DOCUMENT # N96000003086

1. Corporation Name

The Children's Foundation of Bridgeway, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100136261541
09/23/08--01040--001 **542.50

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REINSTATEMENT 03-08
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #
137 Hospital Drive

3. Mailing Office Address
137 Hospital Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Walton Beach

City & State

Fort Walton Beach

Zip

32548

Country

USA

Zip

32548

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 6/10/1996

5. FEI Number
593350864

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

Daniel Cobbs, MPA, FACHE

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

137 Hospital Drive

Suite, Apt. #, Etc.

City

Fort Walton Beach,

State

FL

Zip Code

32548

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

9/11/08

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
P / T	Kevin Loch	644 D-1 Anchors Street	Ft. Walton Beach, FL 32548
V / T	Jon Morris	786 Blvd. of Champions	Shalimar, FL 32579
D / T	BJ Collins	303 Hunter Place NE	Ft. Walton Beach, FL 32548
S/T/T	Michael Howell	83 B Jacksons Run	Santa Rosa Beach, FL 32459
T	Joyce Kiser	33 Warwick Drive	Shalimar, FL 32579

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 contained in Chapter 119, 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-11-08 850 259 7765

Daytime Phone #

9/23/08