PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATEMENT Secretary of State DIVISION OF CORPORATIONS			y of State	08 SEP 23 PH 2: 38	
DOCUMENT # N96000003086 1. Corporation Name The Children's Foundation of Bridgeway, Inc.				1 C 09/23	(LARASSEE, FLORIDA 10136261541 70801040001 **542.50
Suite, Apt. #, etc. Sulte, Apt. #, e			ss al Drive	REING	CR2E081 (12/07) rated or Qualified ess in Florida 6/10/1996
City & State Fort	Walton Beach	Fort Walton	Beach	5. FEI Number 593350864	Applied For
Zip 3254	Country USA	z _{tp} 32548	Country USA	6.	Not Applicable S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
Street Addi 137 Suite, Apt.	Walton Beach,)	State Zip Code 32548	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered egent of the above named comparation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 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	Name of Street Address of E Officers and/or Directors Officer and/or Dire		r	City / State / Zip
P / T	Kevin Locht 644 D-1 Anchors S		reet	Ft. Walton Beach, FL 32548	
V / T	Jon Morris	786	Blvd. of Champ	ions	Shalimar, FL 32579
D / T	BJ Collins 303 Hunter Pl		Hunter Place N	E	Ft. Walton Beach, FL 32548
S/T/T	Michael Howell		83 B Jacksons Run		Santa Rosa Beach, FL 32459
Т	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 filling 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 name 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 ceth. SIGNATURE: SIGNATURE Date Destin 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.					

4/2/20