

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAY -2 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **W98000002681**

1. Corporation Name

The Bridge Project Inc.

2. Principal Office Address

7500 Talley Ann Dr.

Suite, Apt. #, etc.

Talla. Fl.

City & State

32311

Zip

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

11

City & State

11

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/98

5. FEI Number

59-355340

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

Robert Woolfork

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

317 E. PARK AVE.

Suite, Apt. #, Etc.

City

Talla.

State

FL

Zip Code

32301

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

Robert Woolfork

REGISTERED AGENT MUST SIGN

Date **5/2/02**

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
Acting Director	Linda Provitt	7500 Talley Ann Dr.	Talla. Fl. 32311
Program Coordinator Director	Rev. Robert D. Provitt	7500 Talley Ann Dr.	Talla. Fl. 32311
Treasurer Dir.	Lakeisha Henderson	7500 Talley Ann Dr.	Talla. Fl. 32311

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:

Linda F. Provitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/2002

Date

(850) 656-6920

(850) 224-4667

Daytime Phone #

CR2E081 (9/01)

THE BRIDGE PROJECT INC.
1100 E. Tennessee St. Suite A
Tallahassee, Florida 32308
Phone: (850) 224-4667
Fax: (850) 224-3656

5/2/02

Division Of Corporation,

We here by acknowledge that The Bridge Project Inc., did not and
have not received a annual report package since we last filed.

We are still a full service Community not--for profit organization.

Acting Director

Mr. Linda Rountt
5/2/12