



# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000002681						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-weight: bold;">07 FEB 28 AM 10:34</div> <div style="font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																										
<b>1. Entity Name</b> THE BRIDGE PROJECT INC.				<b>Principal Place of Business</b> 100 E. TENN. ST. #A TALLAHASSEE, FL 32308				<b>Mailing Address</b> 7500 TALLEY ANN DR 3996 TALLAHASSEE, FL 32311 Bothwell TALL. FL. 32317																								
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.				<b>3. Mailing Address</b> Suite, Apt. #, etc.																												
<b>City &amp; State</b>				<b>City &amp; State</b>				02282007 REIN-NP CR2E099 (1/07)																								
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3553420		<b>Applied For</b> <input type="checkbox"/> Not Applicable																						
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>																						
WOLLFORK, ROBERT 317 E PARK AVE TALLAHASSEE, FL 32301								Name Street Address (P.O. Box Number is Not Acceptable) City																								
FL								Zip Code																								
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>																																
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																
<b>FILE NOW!!! FEE IS \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				Make check payable to Florida Department of State																								
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																										
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>																																
<b>SIGNATURE:</b> <u>Robert D. Provitt</u>						2-28-07 (850) 656-6920																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date Daytime Phone #</small>																										