

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 20 P 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400181162244
05/21/10--01001--004 **758.75

CR2E081 (4/10)

DOCUMENT # FD000080921

1. Corporation Name

Bridge Light INC

2. Principal Office Address - No P.O. Box #

458 4th Ave S

Suite, Apt. #, etc.

#1

3. Mailing Office Address

458 4th Ave S.

Suite, Apt. #, etc.

#1

City & State

Tampa/St Petersburg FL

Zip

33701

Country

Pinellas

City & State

Tampa/St Petersburg FL

Zip

33701

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 13, 2001

5. FEI Number

01-0620103

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

JASON HAMILTON

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

458 4th Ave S.

Suite, Apt. #, Etc.

#1

City

Tampa/St. Petersburg

State

FL

Zip Code

33701

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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 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

Jason Hamilton

REGISTERED AGENT MUST SIGN

Date 05-15-2010

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	<u>YVONNE MOORE</u>	<u>4323 SIERRA DR</u>	<u>Forest Park GA 30297</u>
C	<u>Julie Davidson</u>	<u>1202 Pamela Dr</u>	<u>Skelly NC 28150</u>
T	<u>JASON HAMILTON</u>	<u>458 4th Ave S.</u>	<u>Tampa St. Petersburg FL 33701</u>
S	<u>Shayne Fleming</u>	<u>deceased</u>	

REINSTATEMENT

03-10

10. E-mail Address: INTERNIST@bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

Yvonne M Moore

Yvonne M Moore

Date

5/13/10

Daytime Phone #

(404) 3636162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR