

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2008 OCT 17 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/17/08--01035--011 \*\*908.75

CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000046839

1. Corporation Name  
Bridges South, Inc  
% Patricia McLemore

2. Principal Office Address - No P.O. Box # <u>79 10<sup>th</sup> St.</u>		3. Mailing Office Address <u>P.O. Box 183</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Apalachicola, FL</u>		City & State <u>Apalachicola, FL</u>	
Zip <u>32320</u>	Country <u>U.S.</u>	Zip <u>32320</u>	Country <u>U.S.</u>

4. Date Incorporated or Qualified To Do Business in Florida 4/13/06

5. FEI Number 20-4620730

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Lee McLemore

Street Address (P.O. Box Number is Not Acceptable)  
79 10<sup>th</sup> St.

Suite, Apt. #, Etc.

City Apalachicola, FL State FL Zip Code 32320

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 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 Lee McLemore Date 10/13/08

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	Street Address of Each Officer and/or Director	City / State / Zip
<u>P/ST</u>	<u>P, McLemore</u>	<u>79 10<sup>th</sup> St.</u>	<u>Apalachicola, FL, 32320</u>

REINSTATEMENT  
07-08  
*[Signature]*

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: P. McLemore Date 10/13/08 Daytime Phone # (850)653-2985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR