


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 DEC 11 PM 5:47  
SEC. TALLAHASSEE

DOCUMENT # **PO4000002005**

1. Corporation Name  
**James Broughall, Inc.**

2. Principal Office Address <b>1716 Layton Rd</b>		3. Mailing Office Address <b>same</b>	
Suite, Apt. #, etc. <b>-</b>		Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State	
Zip <b>32211</b>	Country <b>Duval</b>	Zip <b>32211</b>	Country <b>USA</b>

**REINSTATEMENT 05-06 WOP**

4. Date Incorporated or Qualified To Do Business in Florida  
**1-2005**

5. FEI Number  
**20-0530833**

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

7. Name and Address of Current Registered Agent

Name  
**James R. Broughall**

Street Address (P.O. Box Number is Not Acceptable)  
**1716 Layton Rd**

Suite, Apt. #, Etc.

City  
**Jacksonville**

State  
**FL**

Zip Code  
**32211**

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  
**James R. Broughall**

Date  
**12-6-06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TITLE NAME	P	Street Address of Each Officer and/or Director	City / State / Zip
BROUGHALL, JAMES R		1716 LAYTON ROAD	
STREET ADDRESS		JACKSONVILLE, FL 32211	
CITY-ST-ZIP			

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: **James R. Broughall**      **12-6-06**      **904-743-2136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

2072

James Broughall, Inc.  
1716 Layton Road  
Jacksonville, FL 32211

December 6, 2006

Re: Doc # P-04000002005

FL Dept. of State  
Tallahassee, FL 32314

It has come to my attention that the status of the corporation is listed as inactive.

In calling your office I was told that you had requested a Fed ID number for the corporation which you did not receive. I do apologize but I did not receive your request.

I am including a copy of the ID number for your records and ask that you please waive the reinstatement amount. I am enclosing the \$150.00 fee for 2006 as 2005 has been paid.

Thank you for your help in this matter.

James R. Broughall