

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP -8 PM 12:41

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # *P96000081317*

1. Corporation Name  
BROADNAX & JAMES, INC.

2. Principal Office Address  
5109 S. DIXIE HIGHWAY

3. Mailing Office Address  
5109 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FLORIDA

City & State  
WEST PALM BEACH, FLORIDA

Zip  
33405-3226

Country  
USA

Zip  
33405-3226

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/01/96

5. FEI Number  
65-0699421

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  
JAMES C. HERRON

Street Address (P.O. Box Number is Not Acceptable)  
307 NW 13TH AVENUE

600059420026

Suite, Apt. #, Etc.

09/08/05 01084 001 \*\*1505.75

City  
CAPE CORAL

State Zip Code  
FL 33993

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 C. Herron*  
REGISTERED AGENT MUST SIGN

Date *Sept. 1, 2005*

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
PSD	JAMES C. HERRON	307 NW 13TH AVENUE	CAPE CORAL FL 33993

REINSTATEMENT *09-1-05*

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:

*James C. Herron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sept. 1, 2005*  
Date

561-533-6553  
Daytime Phone #

*James C. Herron*

CR2E081 (01/05)