PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 13 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026591

1. Corporation Name

Braxton Corp.

Principal Place of Business

14723 Cumberland Dr.
Bldg B-030
Delray Beach, FL 33446

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-99 FTB 4/13/99

2. New Principal Office Address, If Applicable
10228 Northwest 63rd Dr.
Suite, Apt. #, etc
City & State
Parkland FL
Zip 33076 Country USA

3. New Mailing Office Address, If Applicable
(Same as 2.)
Suite, Apt. #, etc
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 03/25/97

5. FEI Number
65 0736567

Applied For
Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Robert Denton	10228 Northwest 63rd Dr.	Parkland FL 33076

700000284237?--3
-04/16/99--01081--009
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Debra Denton
14723 Cumberland Dr.
Bldg B-030
Delray Beach, FL 33446

9. Name and Address of New Registered Agent

Name
Cory B. Wess
Street Address (P.O. Box Number is Not Acceptable)
1801 Clint Moore Rd
Suite, Apt. #, Etc
Ste 100
City
Boca Raton
State FL Zip Code 33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
Cory B. Wess
REGISTERED AGENT MUST SIGN

Date 3/23/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☑ No ☐

(See other side for information on intangible tax.)

12. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)