

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **321376**

1. Corporation Name

BRADLEY'S CHAIRS AND SOFAS, INCORPORATED

Principal Place of Business

Mailing Address

13055 STARKEY ROAD
LARGO FL 33773

13055 STARKEY ROAD
LARGO FL 33773

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1967

5. FEI Number

59-1204543

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BRADLEY, PAUL A JR	13055 STARKEY RD	LARGO FL 33773
STD	BRADLEY, MICHAEL P	3998 HAMMOND'S FERRY	EVANS GA
STD	BRADLEY, Michael P	13055 STARKEY RD	LARGO, FL 33773

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

BRADLEY JR, PAUL A.
13055 STARKEY RD
LARGO FL 33773

9. Name and Address of New Registered Agent

Name **Michael P. BRADLEY**
Street Address (P.O. Box Number is Not Acceptable)
13055 STARKEY RD
Suite, Apt. #, Etc.
City **LARGO, FL** State **FL** Zip Code **33773**

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

Signature of
Registered Agent

Michael P. Bradley
REGISTERED AGENT MUST SIGN

Date

10/16/01

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 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:

Michael P. Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01 (727) 530-7061

Daytime Phone #

CR2040 (8/01)