

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 441858

1. Corporation Name

B/D SALES, INCORPORATED

Principal Place of Business

765 MARGARET STREET
JACKSONVILLE FL 32204

Mailing Address

PO BOX 27056
JAX FL 32205-056
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1973

5. FEI Number

59-1498692

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BRYANT, F. OSBORN	3047 COLLEGE STREET	JACKSONVILLE FL
ED	BRYANT, FRANK O., III	P.O. BOX 71 N/A	FRANKLIN SPRINGS GA
D	BRYANT, JOHN N	12577 ATTRILL	JACKSONVILLE, FL 00000
D	BRYANT, THOMAS D.	975 PERKINS PLACE	JACKSONVILLE, FL 00000
D	BRYANT, SCOTT P.	4358 TIMUQUANA RD.	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

BRYANT (F. OSBORN), JR.
3047 COLLEGE STREET
STE 124
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

300004739753--1

12/26/01 01094-018

****750.00 FL ****750.00

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

F. Osborn Bryant Jr.
REGISTERED AGENT MUST SIGN

Date

12/3/2001

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

F. Osborn Bryant Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/384-6734
12/3/2001 6734

CR2E040 (8/01)