

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -8 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

538636

1. Corporation Name

BRADLEY-JONES CORPORATION  
3442 17TH STREET  
SARASOTA, FLORIDA

2. Principal Office Address

3442 17TH STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34235

Country

USA

3. Mailing Office Address

3442 17TH STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34235

Country

USA

REINSTATEMENT 84-02

300009948113

01/08/03--01007--004 \*\*2740.00

4. Date Incorporated or Qualified

To Do Business in Florida JULY 5, 1977

5. FEI Number

59-2208554

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

WILLIAM E. JONES

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

2685 MOSS OAK DRIVE

Suite, Apt. #, Etc.

City

SARASOTA,

State  
FL

Zip Code

34231

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

*William E. Jones*  
REGISTERED AGENT MUST SIGN

Date

01/07/83

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
PRES.	WILLIAM E. JONES	2685 MOSS OAK DRIVE	SARASOTA, FL. 34231
VICE	P. ARMANDO SIROCCHI	5925 NUTMEG AVENUE	SARASOTA, FL. 34231
TREAS.	WANDA L. JONES	2685 MOSS OAK DRIVE	SARASOTA, FL. 34231
SEC.	ELIANA SIROCCI	5925 NUTMEG AVENUE	SARASOTA, FL. 34231

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:

*WILLIAM E. JONES PRESIDENT*  
*William E. Jones, President* 01/07/83 941-366-8861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)