

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #714002

1. Corporation Name

Bradenton Teamsters Building Corporation, Inc.

2. Principal Office Address - No P.O. Box #

824 26th Ave., E.

Suite, Apt. #, etc.

3. Mailing Office Address

824 26th Ave., E.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34208

Country

USA

Zip

34208

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1968

5. FEI Number
237122080

☐ 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

Michael McElmury, Jr.

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

824 26th Ave., E.

Suite, Apt. #, Etc

City

Bradenton

State

FL

Zip Code

34208

600238050746
08/01/12--01035--009 **297.50

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

REGISTERED AGENT MUST SIGN

Date July 25, 2012

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
T	Michael McElmury, Jr.	824 26th Ave., E.	Bradenton, FL 34208

REINSTATEMENT

AUG -2-2012

T. SCOTT

10. E-mail Address: TwilaPatter@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

July 25, 2012 941-747-2971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL McELMURY, Jr.