Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000115292 3)))

H09000115292 3ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

BRADENTON VILLAGE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

Electronic Filing Menu Corporate Filing Menu Help

1/2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 MAY -6 AM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E081 (12/08)

07-09

DOCUMENT # F01000003960

1. Corporation Name

Bradenton Village, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1101 30th Street NW	1101 30th Street NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Floor 4	Floor 4
City & State	City & State
Washington, DC	Washington, DC
Zip / Country	Zip / Country
20007 / USA	20007 / USA

4. Date Incorporated or Qualified To Do Business in Florida: July 26, 2001

5. FEI Number: 52-2300993 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Connie Bryan — REGISTERED AGENT — Assistant Secretary — Date: 5/4/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Marilyn Melkonian	1101 30th Street NW - FL 4	Washington, DC 20007
Pres.	William Whitman	same as above	same as above
VP	Marilyn Melkonian	same as above	same as above
Sec.	William Whitman	same as above	same as above
Treas.	Marilyn Melkonian	same as above	same as above

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 contained in Chapter 119, 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: Marilyn Melkonian, Director — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5-5-9 — Daytime Phone #: 202-333-8447

FL010 - 01/06/2009 C T System Online