PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

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

05 UBR

FILED
01 APR -4 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 457413

1. Corporation Name
Bradford Truck Equipment Inc.
5290 Siesta Del Rio Dr.
Jax Fl 32258

2. Principal Office Address	3. Mailing Office Address
5311 Commonwealth	5290 Siesta Del Rio
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax Fl 32254	City & State: Jax Fl 32258
Zip: 32254 Country: USA	Zip: 32258 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-16-85

5. FEI Number: 59-2533711 ☐ 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: Pat Weeks
Street Address (P.O. Box Number is Not Acceptable): 5290 Siesta Del Rio
Suite, Apt. #, Etc.:
City: Jax Fl | State: FL | Zip Code: 32258

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	Pat Weeks	5290 Siesta Del Rio	Jax Fl 32258
VP	Milton Weeks	5290 Siesta Del Rio	Jax Fl 32258
			400003959524--0
			-04/04/01--01032--022
			***1235.00 ***1165.00
		S. PAYNE	APR 4 - 2001

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: _____ 4-4-01 904 262-0547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-4-01

To Whom it Concern.

I never received 45 notices of renewal notices. Requesting waiver of Penalty Fee.