

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 23 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J27656

1. Corporation Name

BRADDOCK METALLURGICAL, INC.

2. Principal Office Address

14600 DUVAL PLACE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32218

Country

US

3. Mailing Office Address

14600 DUVAL PLACE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32218

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida 08-07-1986**

5. FEI Number

592736430

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

BAJALIA, MICHAEL

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

1301 RIVERPLACE BLVD

Suite, Apt. #, Etc.

1700

City

JACKSONVILLE

State
FL

Zip Code
32207

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

10/8/04

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
PD	WILLIAM K. BRADDOCK	123 CHIMNEY ROCK RD.	BRIDGEWATER NJ 08807
D	STEPHEN R. BRADDOCK	123 CHIMNEY ROCK RD.	BRIDGEWATER NJ 08807

400042954204
11/23/04--01022--003 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/04

Daytime Phone #

904-741-6999