

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:34

DOCUMENT # K96911

1. Corporation Name

THE BRADFORDT COMPANY

Principal Place of Business

Mailing Address

1417 N. SEMORAN BLVD.
SUITE 202
ORLANDO FL 32807
US

1417 N. SEMORAN BLVD.
SUITE 202
ORLANDO FL 32807
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1100 Artesia Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 620849

Suite, Apt. #, etc.

City & State

Oviedo, Florida

City & State

Oviedo, Florida

Zip

32762

Country

USA

Zip

32762-0849

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1989

5. FEI Number

50-2053568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	WOLFE, MARSHAL C	1417 N SEMORAN BLVD STE 202	ORLANDO FL 32807
S	WILLETT, DANIEL E	3012 S SEMORAN BLVD 12	ORLANDO FL 32822

500003038955--0
-11/09/99--01011--006
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRAY, N. DWAYNE JR.
135 W CENTRAL BLVD
STE 1100
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

N. Dwayne Jr. Gray
REGISTERED AGENT (MUST SIGN)

Date 10-25-99

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., 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

10-25-99

Daytime Phone #

(407) 365-9164

AD