

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000048627

1. Limited Liability Company's Name

BRADFORD CONSTRUCTION LLC.

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

76 TULLY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

BT683

Suite, Apt. #, etc.

City & State

PAVACEA, FLA.

City & State

PAVACEA, FLA.

Zip

32346

Country

FLORIDA

Zip

32346

Country

FLORIDA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-1-2003

6. FEI Number

74-3110013

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
FRED BRADFORD

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

76 TULLY AVE

Suite, Apt. #, Etc.

City

PAVACEA

State

FL

Zip Code

32346

☒ A \$100 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 \$100
reinstatement be waived.

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Fred W. Bradford Sr.

REGISTERED AGENT MUST SIGN

Date 2-9-10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	FRED BRADFORD SR.	76 TULLY AVE	PAVACEA, FLA 32346
MEM	FRED BRADFORD JR.	76 TULLY AVE	PAVACEA FLA 32346
REINSTATEMENT		S. HAWKES FEB 9 - 2010	
		EXAMINER	

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Fred W. Bradford Sr.

Date 2-9-10

Daytime Phone #

984-5124

Typed or printed name of signing Managing Member/Manager

FRED W. BRADFORD SR.