

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

16 DEC -5 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500292967095
12/05/16--01017--013 **238.75

CR2E041 (12/13)

DOCUMENT # L03 000048627

1. Limited Liability Company's Name

FRED BRADFORD CONSTRUCTION

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

76 TULLY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 683

Suite, Apt. #, etc.

City & State

PANACEA FLA

City & State

Zip

32346

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

743110013

☐ 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 W. BRADFORD SR.

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

76 TULLY AVE

Suite, Apt. #, Etc.

City

PANACEA

USA

State

FL

Zip Code

32346

E-mail Address:

FRED BRADFORD 683@G.MAIL.COM

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Fred W. Bradford SR.

Date

DEC. 5, 2016

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	FRED W. BRADFORD SR.	76 TULLY AVE	PANACEA, FLA. 32346
MGR	FRED W. BRADFORD JR.	76 TULLY AVE	PANACEA, FLA. 32346

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of

Authorized Person

Fred W. Bradford SR.

Date

12-5-16

Daytime Phone #

850-661-7038

Typed or printed name of signing Authorized Person

K. ASHTON