

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 14 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800161431018
10/07/09--01015--006 **\$500.00

CR2E081 (12/08)

DOCUMENT # LOS000064344

1. Corporation Name

B Bradshaw, LLC

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

754 Camelia Lane

3. Mailing Office Address

754 Camelia Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach

City & State

Vero Beach, FL

Zip

32963

Country

United States

Zip

32963

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/2005

5. FEI Number
20-5899381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Beth Bradshaw

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

754 Camelia Lane

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

☒ The 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 reinstatement fee be waived.

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

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 |
|--------|--------------------------------------|---|----------------------|
| MGRM | Beth Bradshaw | 754 Camelia Lane | Vero Beach, FL 32963 |
| | | | |
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REINSTATEMENT

06-09

OK 10-15-09

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 contained in Chapter 119, 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:

B. Bradshaw

B. Bradshaw

9/30/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #