

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

02 AUG 30 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/13/02--01044--008
***1050.00 ***1050.00

REINSTATEMENT 2000-2002

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # L47856

1. Corporation Name
BRADSHAW MACHINERY & EQUIP.
18510 BRADSHAW RD
DADE CITY FLA. 33523

2. Principal Office Address
SAME

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DADE CITY FLA

City & State

Zip
33523

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59299 5947

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CHESTER BRADSHAW
Street Address (P.O. Box Number is Not Acceptable)
18510 BRADSHAW RD.
Suite, Apt. #, Etc.
City
DADE CITY FLA.
State
FL
Zip Code
33523

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 Chester J. Bradshaw Date 08/29/02
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 |
|--------|-----------------------------------|--|----------------------|
| P/D | CHESTER BRADSHAW | 18510 BRADSHAW RD. | DADE CITY, FL. 33523 |
| VP | LEO BRADSHAW | { | { |
| T | JAMES BRADSHAW | { | { |
| | | | |
| | | | |

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: Chester J. Bradshaw - CHESTER J. BRADSHAW Date 08/29/02 Daytime Phone # 352-567-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)