PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2018 MAR -8 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800310296738
03/08/18--01015--001 **297.50

DOCUMENT # N51311

1. Corporation Name
BRADFORDT PARK ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8736 BUXLEY PLACE	8736 BUXLEY PLACE
Suite Apt #, etc	Suite, Apt #, etc
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32829 Country: USA	Zip: 32829 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1992

5. FEI Number: 59-3148015 ☐ 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: LaFronza King

Street Address (P.O. Box Number is Not Acceptable): 2922 BIRMINGHAM BLVD

Suite, Apt. # Etc:

City: ORLANDO State: FL Zip Code: 32829

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: LaFronza King Date: 3/4/18
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	Anthony Pujols	8736 Buxley Place	Orlando, FL 32829
VP	LaFronza King	2922 Birmingham Blvd	Orlando, FL 32829
Tres	John Magilson	2706 Birmingham Blvd	Orlando, FL 32829

10 **E-mail Address:** AMBAM189@GMAIL.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify 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: [signature] 3/5/18 407-619-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #