APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -8 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023611968
10/07/03--01039--005 **1058.75

DOCUMENT # P00000060841

1. Corporation Name

THE BRADFORD BUSINESS CONSULTANTS, INC

REINSTATEMENT 01-03

2. Principal Office Address	**3.** Mailing Office Address
4000 PONCE DE LEON	4000 PONCE DE LEON
Suite, Apt. #, etc.: SUITE 470	Suite, Apt. #, etc.: SUITE 470
City & State: CORAL GABLES	City & State: CORAL GABLES
Zip: 33146 Country: MIAMI-DADE	Zip: 33146 Country: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1021369 ☐ 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: JOHN C. OLEXA

Street Address (P.O. Box Number is Not Acceptable): 10064 SW 118 CT

Suite, Apt. #, Etc.: N/A

City: MIAMI State: FL Zip Code: 33186

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: John C Olexa — Date: 10-03-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
CEO	JOHN C. OLEXA	4000 PONCE DE LEON., SUITE 470	CORAL GABLES, FL 33146
PRES	JOHN C. OLEXA	4000 PONCE DE LEON., SUITE 470	CORAL GABLES, FL 33146
SEC/TR	CAREY ANN OLEXA	4000 PONCE DE LEON., SUITE 470	CORAL GABLES, FL 33146
VP	RICHARD A. OLEXA	4000 PONCE DE LEON., SUITE 470	CORAL GABLES, FL 33146
DIR	RUBEN BERTRAN	4000 PONCE DE LEON., SUITE 470	CORAL GABLES, FL 33146
DIR	HILDA BERTRAN	4000 PONCE DE LEON., SUITE 470	CORAL GABLES, FL 33146

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: John C Olexa — 10-03-03 — 305 779-5838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #