PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

£.	MENT # POIC Name BRADDOCK A	Secreta DIVISION OF	•	10/2	FILED 02 OCT 28 PM 2: 48 SECRETARY OF STATE FALLAHASSEE. FLORIDA '00008645157 29/0201040003 **150.	
2. Principal Offi	-ate Road 16	980 State Road 16				
Suite, Apt. #, etc		Suite, Apt. #, etc.				
City & State	-	City 6 Chate		4. Date Incorporated or Qualified To Do Business in Florida 05/07/2001		
_ ^	ogustine, FL	St. Augustine, FT		5. FEI Number Applied For		
zip 32081	Country	Zip	Country	6.		Applicable
3208	TUSA	32084	Address of Current Register	<u> </u>	TE OF STATUS DESIRED	
Name John Galletta, Jr. Street Address (P.O. Box Number is Not Acceptable) 5431 A1A South Suite, Apt. #, Etc. L 101 City St.: Augustine State Zip Code FL 32080						
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 REGISTERED AGENT MUST SIGN FL 32000 Back 1, 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.						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3						
Titles	Name of Officers and/or Directors	-	Street Address of Each Officer and/or Director		City / State / Zip	
VST R.	onald w. Brad	dock 980	State Roac	مال	St. Augustine, FL 3	4706
P Ro	onald W. Brade	dock 980	State Roo	d 16	St. Augustine, FL 32	1014
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<u>-</u>			<u> </u>		-	
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 filling 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:						
	SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFI	CER OR DIRECTOR		Date Daytime Phone #	- 1

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LAW OFFICES OF JOHN GALLETTA JR.

October 25, 2002

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Subject: RON BRADDOCK AND SON, INC.
Document No. P01000048149

Dear Sir or Madam:

Please find enclosed Application for Reinstatement for the above referenced corporation. Enclosed also is a check in the amount of \$150.00.

Mr. Ronald W. Braddock, the President and Director of the above corporation never received the Annual Report as the zip code was changed in July, 2001, after his initial filing of the corporation, but prior to the send out of the Annual Report. More than a few people have had problems with the change of zip code.

This is therefore a request that the reinstatement fee be waived and Mr. Braddock only pay the annual fee of \$150.00. If this is a problem, please let me know at your earliest convenience. Furthermore, Mr. Braddock has also reviewed and signed this letter.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me.

Sincerely,

John Galletta Jr.

Ronald W. Braddock, President