

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 16 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084202

1. Corporation Name

Bratko Building Corp.

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

4806 Cains Wren Trail

Suite, Apt. #, etc.

3. Mailing Office Address

4806 Cains Wren Trail

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

500162843465  
11/16/09--01028--008 \*\*900.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida 8/23/2001

5. FEI Number  
65-1151439

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

C. Russell Slappey

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

4806 Cains Wren Trail

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

☐ 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

*C. Russell Slappey*  
REGISTERED AGENT MUST SIGN

Date 11/11/09

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
PTD	Joseph Bratko	646 Hollow Circle	Deerfield Beach, FL 33442
V	Gregory Bratko	423 Meadowwood Blvd.	Fern Park, FL 32730

10. E-mail Address: rslappeyco@hotmail.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., 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.

SIGNATURE:

*C. Russell Slappey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/09

Date

407-448-1781

Daytime Phone #