

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # **P02000095503**

1. Corporation Name

**BRADEN LAND SURVEYING, INC.**

**REINSTATEMENT 03-05**

Principal Place of Business

Mailing Address

11750 SEMINOLE DR  
NEW PORT RICHEY FL 34654

11750 SEMINOLE DR  
NEW PORT RICHEY FL 34654



*MRS*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**7236 State Rd 52**

Suite, Apt. #, etc.

**Suite 8**

City & State

**DAYONET Point, FL**

Zip

**34667**

Country

**USA**

3. New Mailing Office Address, If Applicable

**7236 State Rd 52**

Suite, Apt. #, etc.

**Suite 8**

City & State

**DAYONET Point, FL**

Zip

**34667**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/03/2002**

5. FEI Number

**13-4213308**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BRADEN, LLOYD J	11750 SEMINOLE DR	NEW PORT RICHEY FL 34654
D	BRADEN, JEANNE L	11750 SEMINOLE DR	NEW PORT RICHEY FL 34654

**700051195437**  
**04/19/05 01021 014 \*\*1050.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRADEN, LLOYD J  
11750 SEMINOLE DR  
NEW PORT RICHEY FL 34654

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**3-21-05**

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 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]* **Lloyd J. Braden**

**3-21-05**

**727-819-1332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)