

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099277

1. Corporation Name

Braddock Services, Inc.

SK

2. Principal Office Address

5425 Datil Pepper Road

Suite, Apt. #, etc.

City & State

St Augustine, FL

Zip

32086

Country

3. Mailing Office Address

5425 Datil Pepper Road

Suite, Apt. #, etc.

City & State

St Augustine, FL

Zip

32086

Country

900025696569
12/23/03--01004--031 **750.00
REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/02

5. FEI Number

46-0495831

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

Charles E. Hall

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

77 Almeria Street

Suite, Apt. #, Etc.

City

St Augustine

State
FL

Zip Code

32084

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

[Signature]

Date 12/17/03

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
PVST	Ralph C. Braddock	5425 Datil Pepper Road	St Augustine, FL 32086

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: Ralph C. Braddock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph C. Braddock

Date

12/17/03

Daytime Phone #

1-904-814-7824