

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 28 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000070578

1. Corporation Name

Bradford Designs, Inc.

2. Principal Office Address

2064 42nd ST SW

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34116

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/25/2003

5. FEI Number

54-2116429

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

Bradford A. Morse

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

2064 42nd ST SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

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

Brad Morse

Date

2-17-05

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
Pres.	<u>Bradford A. Morse</u>	<u>2064 42nd ST SW</u>	<u>NAPLES FL 34116</u>
Vice P.	<u>Brian M. Morse</u>	<u>2064 42nd ST SW</u>	<u>NAPLES FL 34116</u>
Treas.	<u>Oren Horton</u>	<u>5894 Cedar Tree Lane</u>	<u>Naples, FL 34116</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 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:

Brad Morse Bradford A. Morse 2-17-05 (239-825-1401)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (07/05)