

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 PM 4: 50

DOCUMENT # P03000073105

1. Entity Name
BRADRUS, INC.



Principal Place of Business
3180
912 S. FLETCHER AVENUE
FERNANDINA BEACH, FL 32034

Mailing Address
3180
912 S. FLETCHER AVENUE
FERNANDINA BEACH, FL 32034

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11142006

REIN-P

CR2E098 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, JERRY L
912 S. FLETCHER AVENUE
FERNANDINA BEACH, FL 32034

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JERRY Russell

Jerry L Russell

11/16/06

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
RUSSELL, JERRY L
STREET ADDRESS
3180
912 S. FLETCHER AVENUE
CITY-ST-ZIP
FERNANDINA BEACH, FL 32034

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100081902991
11/17/06--01034--002 **750.00

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/06 904-JA-11659