CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 20 PM 1: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #   P04000038985

1. Corporation Name

BRADLEY JENNINGS ENTERPRISES, INCORPORATED

CR2E081 (8/05)

6S-06

2. Principal Office Address	3. Mailing Office Address		
8925 EASTON RIVER DRIVE			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

4. Date Incorporated or Qualified To Do Business in Florida **2/27/2004**

City & State	City & State		
JACKSONVILLE, FL			

5. FEI Number   75-3148092 | Applied For / Not Applicable

Zip	Country	Zip	Country
32257	USA		

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRADLEY F JENNINGS SR

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

8925 EASTON RIVER DRIVE

Suite, Apt. #, Etc.

City	State	Zip Code
JACKSONVILLE	FL	32257

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 _____

REGISTERED AGENT MUST SIGN

Date   **10/2/2006**

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
PRESIDENT	BRADLEY JENNINGS SR	8925 EASTON RIVER DRIVE	JACKSONVILLE, FL 32257
VICE PRES	JEAN C JOSEPH	8925 EASTON RIVER DRIVE	JACKSONVILLE, FL 32257
DIRECTOR	CARMEN JENNINGS	8925 EASTON RIVER DRIVE	JACKSONVILLE, FL 32257
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			10/20/06--01008--011 **900.00

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:_____   BRADLEY F JENNINGS SR   10/2/2006   (305) 401-6468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #