

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000038985

1. Corporation Name

BRADLEY JENNINGS ENTERPRISES, INCORPORATED

2. Principal Office Address - No P.O. Box #

521 NORTH LIBERTY STREET

Suite, Apt. #, etc.

SUITE 101A

City & State

JACKSONVILLE, FL

Zip

32202

Country

USA

3. Mailing Office Address

521 NORTH LIBERTY STREET

Suite, Apt. #, etc.

SUITE 101A

City & State

JACKSONVILLE, FL

Zip

32202

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/27/2004

5. FEI Number

753148092

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

BRADLEY JENNINGS

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

8925 EASTON RIVER DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

B. Jennings

REGISTERED AGENT MUST SIGN

Date DECEMBER 10, 2009

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
PS	BRADLEY JENNINGS	8925 EASTON RIVER DRIVE	JACKSONVILLE, FL 32257
T	CARMEN JENNINGS	8925 EASTON RIVER DRIVE	JACKSONVILLE, FL 32257

10. E-mail Address: Bradley858@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

B. Jennings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/2009 305-401-6468

Date

Daytime Phone #

FILED

2009 DEC 15 PM 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT