

FILED

09 SEP 17 PM 3:43

STATE
HALL AT 1205B
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 05000082091

1. Corporation Name

Broadstone Services, Inc.

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

5403 Creek View Lane

Suite, Apt. #, etc.

City & State

Pace, FL

Zip

32571

Country

United States

3. Mailing Office Address

PO Box 13103

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32591

Country

United States

700160765837
09/17/09--01037--009 **600.00
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 6/5/2005

5. FEI Number
20-2953101

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

Agents and Corporations

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

300 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 101-330

City

Naples

State

FL

Zip Code

34102

☒ 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

By [Signature] U.P.
REGISTERED AGENT MUST SIGN

Date 9/15/09

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
Mr.	David Bruce Floyd	5403 Creek View Lane	Pace, FL 32571
Mr.	Gerard Anthony Basel	2684 Wallace Lake Rd	Pace, FL 32571

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 contained in Chapter 119, 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:

GERARD A. BASEL

9-16-09

850-501-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17/09