

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900002692129--7

-11/19/98--01099--007



REINSTATEMENT

DOCUMENT # P32022

1. Corporation Name

BRADFORD & CO., INCORPORATED

Principal Place of Business

Mailing Address

330 COMMERCE STREET
NASHVILLE TN 37201-1809

330 COMMERCE STREET
NASHVILLE TN 37201-1809

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1990

5. FEI Number

62-0677497

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SIMONS, W. LUCAS	277 DEER PARK DRIVE	NASHVILLE TN
VD	MALOTT, CHARLES T.	1 BUCKLAND ABBY	NASHVILLE TN
VST	HARNESS, RANDALL R.	105 LONGWOOD PLACE	NAHSVILLE TN
CD	BRADFORD, JAMES C., JR.	100 WESTHAMPTON PLACE	NASHVILLE TN
V	SHEPHERD, R. PATRICK	5913 ROBERT E. LEE DR.	NASHVILLE TN 37215
EVP	KITCHEN, DOUG O	939 TYNE BLVD	NASHVILLE TN

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City
Plantation
State
FL
Zip Code
33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

R. Patrick Shepherd
REGISTERED AGENT MUST SIGN

Date **11-17-98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

R. Patrick Shepherd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. Patrick Shepherd Vice President

11/16/98 (615) 271-1211
Date Daytime Phone #

CR2E040 (9/98)