

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 OCT 25 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031813

1. Corporation Name

BROCO OF JACKSONVILLE, INC.

Principal Place of Business

P.O. BOX 5910
JACKSONVILLE FL 32247

Mailing Address

P.O. BOX 5910
JACKSONVILLE FL 32247

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

04/27/1994

5. FEI Number

59-3249358

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BEALE, ROGER A	1544 SAN MATEO AVE.	JACKSONVILLE FL 32207
D	BEALE, JOHN P	1544 SAN MATEO AVE.	JACKSONVILLE FL 32207
D	BEALE, MICHAEL F	3086 BLVD. CENTER DR.	JACKSONVILLE FL 32207

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10/25/02--01128--001 **150.00

PR 10/30

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name *John P. Beale*
Street Address (P.O. Box Number is Not Acceptable) *1544 SAN MATEO AVE*
Suite, Apt. #, Etc.
City *JACKSONVILLE* State *FL* Zip Code *32207*

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-23-02

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 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:

SIGNATURE REQUIRED
John P. Beale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 904-399-0508



Broco Of Jacksonville, Inc.
Post Office Box 5910
Jacksonville, Florida 32247
Ph: 904-399-0508 Fax: 904-399-8806
WWW.bealemarine.com

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL
32314-6327

Re: Reinstatement
Broco Of Jacksonville, Inc.
Document # P94000031813

Dear Examiner:

We are submitting all paperwork and fee in order to reinstate Broco Of Jacksonville, Inc.

Please be advised, we did not receive the 2 previous annual reports/uniform business reports or this would have been processed and paid before the due date.

Please waive the reinstatement fee's under the circumstances.

Thank you.

John P. Beale
Vice President