

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000016239

1. Corporation Name

R. J. BRODERICK ASSOCIATES, INC.

Principal Place of Business

Mailing Address

3126 MAGNOLIA RD  
ORANGE PARK FL 32065

3126 MAGNOLIA RD  
ORANGE PARK FL 32065

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

2. New Principal Office Address, If Applicable

3001 Shady Dr

3. New Mailing Office Address, If Applicable

3001 Shady Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32257

Country

On Va

Zip

32257

Country

On Va

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/1995

5. FEI Number.

59-3301796

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 3	City / State / Zip 4
D	BRODERICK, J.L.	<del>3126 MAGNOLIA RD</del> 3001 Shady Dr	<del>ORANGE PARK FL 32065</del> Jacksonville FL 32257
D	BRODERICK, ROBERT	8061 OAK PARK ROAD	ORLANDO FL 32819

400004703514--8  
-12/04/01--01024--017  
\*\*\*\*750.00 \*\*\*\*750.00

JBW/29

8. Name and Address of Current Registered Agent

BRODERICK, J. L.  
3126 MAGNOLIA RD  
ORANGE PARK FL 32065

9. Name and Address of New Registered Agent

Name

Broderick, J.L.

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

3001 Shady Dr

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

JL Broderick

REGISTERED AGENT MUST SIGN

Date 10/05/01

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:

JL Broderick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/01

Date

904-733-9010

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 14 PM 4:46



REINSTATEMENT

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