

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000032721

FILED
Oct 13, 2009
Secretary of State

Entity Name: BRODUS AND ASSOCIATES INC.

Current Principal Place of Business:

103 TAYLOR AVE
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 455
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 59-3385219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODUS, LUCILLE
360 FIRST AVE
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUCILLE BRODUS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRODUS, CORNELIUS
Address: 360 1ST ST.
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: BRODUS, LUCILLE
Address: 360 1ST ST.
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: FORREST, DONNA M
Address: 360 1ST ST.
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: BRODUS, CORNELIUS JR.
Address: 360 1ST ST.
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: BRODUS, CHANDA
Address: 360 1ST AVE
City-St-Zip: GROVELAND, FL 34637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILLE BRODUS

D

10/13/2009

Electronic Signature of Signing Officer or Director

Date