PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -4 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Brad McCulloch Inc.
P95000033818

REINSTATEMENT 01-05
T. Roberts MAY

2. Principal Office Address	**3.** Mailing Office Address
361 Red Mulberry Ct.	361 Red Mulberry Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, Florida	City & State: Longwood, Florida
Zip: 32779 / Country: United States	Zip: 32779 / Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 04/26/1995

5. FEI Number: 59-3319942 ☐ 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: Brad McCulloch

Street Address (P.O. Box Number Is Not Acceptable): 361 Red Mulberry Ct.

000085483048B
05/17/05--01056--015 **139.00

Suite, Apt. #, Etc.

City: Longwood | State: FL | Zip Code: 32779

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: Brad McCulloch
REGISTERED AGENT MUST SIGN

Date: 05/02/2005

CR2E081 (01/05)

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
D/P	Brad McCulloch	361 Red Mulberry Ct.	Longwood Florida 32779

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 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: Brad McCulloch BRAD McCULLOCH 2 May 05 (407) 461-4715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #