PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 19 AM 9:24

DOCUMENT # P95000058446

1. Corporation Name

BRODERICK CONTRACTORS, INC.

Principal Place of Business	Mailing Address
5514 PARK BLVD. PINELLAS PARK FL 34665	5514 PARK BLVD. PINELLAS PARK FL 34665

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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: 07/26/1995

5. FEI Number: 59-3339214 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certified Copy

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
DPST	BRODERICK, ROGER B	5514 PARK BOULEVARD	PINELLAS PARK FL 34665

000003043330--4
-11/12/99--01113--015
****750.00 ****750.00

$8.75

8. Name and Address of Current Registered Agent

ENGLANDER, LEONARD S ESQ.
5959 CENTRAL AVENUE STE 201
ST. PETERSBURG FL 33710

9. Name and Address of New Registered Agent

Name: Roger B. Broderick
Street Address (P.O. Box Number is Not Acceptable): 5514 Park Blvd
Suite, Apt. #, Etc.:
City: Pinellas Park | State: FL | Zip Code: 33781

(888) 000220

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: REQUIRED — REGISTERED AGENT MUST SIGN Date: 10/13/99

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: REQUIRED 10/13/99 727-544-1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #