

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT -2 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000008182370--0  
-10/03/02--01021--012  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

095000077819

BROADNAX TRANSFER, INC.

2. Principal Office Address

902 S. Empire St.

Suite, Apt. #, etc.

3. Mailing Office Address

902 S. Empire St.

Suite, Apt. #, etc.

City & State

Plant City, FL.

City & State

Plant City, FL.

Zip

33566

Country

Hillsborough

Zip

33566

Country

Hillsborough

REINSTATEMENT

01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct. 5-95

5. FEI Number

65-0627726

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

DEVAN R. BROADNAX

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

1502 ESSEX Drive

Suite, Apt. #, Etc.

City

Plant City

State  
FL

Zip Code

33563

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

*Devan R. Broadnax*

REGISTERED AGENT MUST SIGN

Date 9/30/2002

**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
PRES.	DEVAN R. BROADNAX	1502 ESSEX Dr.	Plant City, FL 33563

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

*Devan R. Broadnax*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/2002 754-2656

Date

Daytime Phone #

9/10/2/02