

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 OCT -2 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**CORPORATION REINSTATEMENT**



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

DOCUMENT # 095000077819

1. Corporation Name  
BROADNAX TRANSFER, INC.

2. Principal Office Address  
902 S. Empire St.

3. Mailing Office Address  
902 S. Empire St.

City & State <u>Plant City, FL.</u>	City & State <u>Plant City, FL.</u>
Zip <u>33566</u>	Zip <u>33566</u>
Country <u>Hillsborough</u>	Country <u>Hillsborough</u>

**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 [Signature] Date 9/30/2002

REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>DEVAN R. BROADNAX</u>	<u>1502 ESSEX Dr.</u>	<u>Plant City, FL 33563</u>

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 [Signature] Date 9/30/2002 Daytime Phone # (813) 754-2656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/2/02

CR2E081 (9/01)