

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 11 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA6000010581*

1. Corporation Name

BRANCH ASSOCIATES, INC.

W1-9265

2. Principal Office Address - No P.O. Box #

138 WINDWARD DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 547

Suite, Apt. #, etc.

City & State

OSPREY FLA

City & State

OSPREY FLA

Zip

34229

Country

USA

Zip

34229

Country

USA

900170249789

02/23/10--01022--007 **150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

02-02-1996

5. FEI Number

65-0641009

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

PAUL C. BRANCH

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

138 WINDWARD DR

Suite, Apt. #, Etc.

City

OSPREY

State

FL

Zip Code

34229

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

See ATTACH 10

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

P.C. Branch

REGISTERED AGENT MUST SIGN

Date

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
<i>PO</i>	<i>PAUL C BRANCH</i>	<i>138 WINDWARD DR</i>	<i>OSPREY FL 34229</i>
<i>VSD</i>	<i>MARY E BRANCH</i>	<i>1877 W. 12TH ST.</i>	<i>Delray Bea, FL 3344</i>
<i>TD</i>	<i>Daniel J. Branch</i>	<i>Unit 12 Portia RD</i>	<i>Sarasota, FL 3424</i>
REINSTATEMENT RH			

900170249789

03/11/10--01002--011 **300.00

10. E-mail Address: *PAUL.BRANCH327@GMAIL.COM.*

(To be used for future annual report notification)

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 I file 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as made under oath.

SIGNATURE:

P.C. Branch

P.C. BRANCH

02-18-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone