

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP -8 PM 12:41

SECRET  
FBI/DOJ

DOCUMENT # P96000081317

**1. Corporation Name**

BROADNAX & JAMES, INC.

**2. Principal Office Address**

5109 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

Zip

33405-3226

Country

USA

**3. Mailing Office Address**

5109 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

Zip

33405-3226

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/01/96

**5. FEI Number**

65-0699421

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

JAMES C. HERRON

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

307 NW 13TH AVENUE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33993

600059420026

09/08/05 01004 001 \*\*1505.75

**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

*James C. Herron*  
REGISTERED AGENT MUST SIGN

Date Sept. 1, 2005

**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
PSD	JAMES C. HERRON	307 NW 13TH AVENUE	CAPE CORAL FL 33993

REINSTATEMENT

**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:

*James C. Herron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 1, 2005

Date

561-533-6553

Daytime Phone #

James C. Herron

CR2E081 (01/05)