

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000004008**

1. Corporation Name

**HERRINGTON BRADLEY CONSTRUCTION
CONTRACTING, INC.**

100037946991
06/15/04--01004--008 **758.75

2. Principal Office Address

14825 N.W. 16TH DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33167

Country

DADE

3. Mailing Office Address

14825 N.W. 16TH DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33167

Country

DADE

REINSTATEMENT

03.04

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1997

5. FEI Number

65-0728542

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

CLARENCE L. HERRINGTON

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

14825 N.W. 16TH DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33167

100037946991
06/30/04--01047--002 **141.25

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

Clarence L. Herrington

REGISTERED AGENT MUST SIGN

Date **JUNE 8, 04**

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
PD	CLARENCE L. HERRINGTON	14825 N.W. 16TH DRIVE	MIAMI, FL. 33167
SD	AUDRA E. HERRINGTON	14825 N.W. 16TH DRIVE	MIAMI, FL. 33167

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:

Clarence L. Herrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 8, 04

Date

Daytime Phone #

305-519-6905

CR2001 (01/04)