PLEASE READ A	ALL INSTRUCTIO	ONS REFORE	OMPLETU	NO THIS EODM
APPLICATION FOR REINSTATEMENT	FLORIDA DEPAR Sandra B Secretar	TMENT OF STATE . Mortham y of State		
DOCUMENT # DATAYYYY TOTAL			FILED	
1. Corporation Name			98 DEC 21 PM 4: 12	
BRADDOCK ; ASSOCIATES INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address 14720-1 SW 139 Ave 2253 14 Ave			}	
14720-1 SW 139 A MIAMI FL 33186	N. RIVERS			000
If above addresses are incorrect in any way, line thro	ugh incorrect information and	60546 i enter correction below.	REINS'	TATEMENT
2. New Principal Office Address, If Applicable 14770 - 1 3W 139 Ave. Suite, Apt. #, etc.		ress, If Applicable	Date Incorpor To Do Busine	rated or Qualified sss in Florida [- 2 - 9 7
City & State	Suite, Apt. #, etc. City & State	··· ·	5. FEI Number	Applied For Not Applied For
MIAM, FC B Zip 33186 Country USA	M. RIVERSIDE	Country	6.	\$8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and/o		corporations must list at lea	<u>L </u>	for a Certificate of Status
Title(s) Name of Officers and/or Directors	3 (Do n	Street Address of Each Officer and/or Director NOT Use Post Office Box N		City / State / Zip
pres Braddock V. Lank	en 2253	14 Ave.	horell.	N. RIVERSIDE , IL
	- A.	<u> </u>		60546
			80	000027243387 -12/29/98-01016-025 ****758.75 ****758.75.
8. Name and Address of Current R	egistered Agent	A Name Code		dress of New Registe/ed Agent
BRADDOCK V. Ca.	re	Sulte, Apt. 11, Etc	O. Box Number is	7
MIAMI, FL 3318		City	V	Zip Code
10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date PREGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)				
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date To Division Distance of The Control of The Cont				
SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICE	H OR DIRECTOR		Date (305) autimo Phone # 389 _ 1404