PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 15 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000085793

1. Corporation Name
Bradley's Country Store, Inc.

REINSTATEMENT

CR2E081 (12/05) 05-06

2. Principal Office Address	3. Mailing Office Address
10655 Centerville Rd	10655 Centerville Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32309 Country: USA	Zip: 32309 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-1-1997

5. FEI Number: 59-3472457 ☐ 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: Michael P. Bist

Street Address (P.O. Box Number is Not Acceptable): 1300 Thomaswood Dr

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32308

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: _____ Date: 12/14/06

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
P/M/S/T	Janet B. Parker	10610 Centerville Rd	Tallahassee, FL 3230
D	Frank B. Bradley	9001 Bradley Rd	Tallahassee, FL 32309
V	Michael Page	9736 Moccasin Gap Rd	Tallahassee, FL 32309
V	Dennis Bradley	9748 Moccasin Gap Rd	Tallahassee, FL 32309

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 contained in Chapter 119, 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: _____ Janet B. Parker 12/15/06 850-893-1647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #