

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000013096

1. Corporation Name

BRANSFORD INVESTMENT PARTNERS, INC.

Principal Place of Business

Mailing Address

C/O JOHN L. BLUNDIN
11070 TURTLE BEACH RD.. #B202
NORTH PALM BEACH FL 33408

C/O JOHN L. BLUNDIN
11070 TURTLE BEACH RD.. #B202
NORTH PALM BEACH FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

C/O William B. Blundin
Suite, Apt. #, etc.
630 Third Ave, 16th Fl
City & State
New York NY
Zip
10017
Country
USA

C/O William B. Blundin
Suite, Apt. #, etc.
630 Third Ave, 16th Fl
City & State
New York NY
Zip
10017
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1999

SP

5. FEI Number

51-0386440

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BLUNDIN, WILLIAM B	430 E. 67TH ST., APT. 3A 630 Third Ave - 16th Fl	NEW YORK NY 10021 10017

500003522285-- 5

-01/03/01--01063--006

****750.00 ****750.00

8. Name and Address of Current Registered Agent

CROCKER, BERTRAM
311 ELLAMAR RD.
W. PALM BEACH FL 33405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Bertram Crocker
REGISTERED AGENT MUST SIGN

Date 12/1/00

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 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:

William B. Blundin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/00 212-856 9230

CR2ED40 (9/00)