PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 OCT 30 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015356

1. Corporation Name

THE BRADLEY GROUP OF NW FLORIDA, INC.

Principal Place of Business	Mailing Address
~~4935 HWY 30-A,STE.3~~	~~4935 HWY 30-A,STE.3~~
SEAGROVE FL 32459	SEAGROVE FL 32459

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4039 E. Co. Hwy 30A	4039 E. Co. Hwy 30A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/1999

5. FEI Number: 59-3576818 ☐ 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
PTD	BATUR, KENNETH E	5114 FISHER ESTATES LANE	ROMEO MI 48064
VSD	SMITH, WILLIAM H.	449 WATERVIEW COVE DRIVE	FREEPORT FL 32439

000004693860--1
-11/26/01--01080--011
****908.75 ****908.75

8. Name and Address of Current Registered Agent

~~WATSON, FRANKLIN H P.A.~~
~~4935 HWY 30-A,STE.5~~
~~SEAGROVE FL 32459~~

9. Name and Address of New Registered Agent

Name: Pamela M. Middleton
Street Address (P.O. Box Number is Not Acceptable): 4039 E. Co. Hwy 30-A
Suite, Apt. #, Etc.:
City: Seagrove Bch State: FL Zip Code: 32459

CR2E040 (8/00)

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: SIGNATURE REQUIRED Date:
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-30-01 Daytime Phone #: 850-231-2090