

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR -4 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000090532

1. Corporation Name

BASF - BRADEN ALUMINUM &  
SHUTTER FABRICATION

2. Principal Office Address

8093 ANHINEA RD

3. Mailing Office Address

8093 ANHINEA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

Country

33912

LEE/USA

Zip

Country

33912

LEE/USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-11-99

5. FEI Number

65-1010851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

SHERRI BRADFORD

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

8093 ANHINEA RD

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33912

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

*Sherril Bradford*  
REGISTERED AGENT MUST SIGN

Date

4-1-02

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
PRES.	SHERRI BRADFORD	8093 ANHINEA RD	FT. MYERS, FL
V.P.	JOHN BRADFORD	8093 ANHINEA RD	FT. MYERS, FL
MANAGER	JASON WEEKS	18425 HOLLY RD	FT. MYERS, FL
			33912
			<i>J Weeks</i>

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:

*John Bradford* - JOHN BRADFORD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-02 239 826 6378

Daytime Phone #