

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -8 AM 11:47

DOCUMENT # P99000097710

1. Corporation Name

BRADY'S TRUCKING, INC

REINSTATEMENT

02-06

2. Principal Office Address

6410 NW 14TH PLACE

3. Mailing Office Address

6410 NW 14TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33313

Country

USA

Zip

33313

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/99

5. FEI Number

65-0958249

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

WINSTON BRADY

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

6410 NW 14TH PLACE,

Suite, Apt. #, Etc.

City

SUNRISE

State
FL

Zip Code

33313

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

Winston Brady

REGISTERED AGENT MUST SIGN

Date 12/5/06

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	WINSTON BRADY	6410 NW 14TH PLACE	SUNRISE, FL 33313
VP/S/T	DAPHNE BRADY	6410 NW 14TH PLACE	SUNRISE, FL 33313

100082392371
12/08/06--01024--009 **1350.00

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:

Winston Brady

WINSTON BRADY, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/06

Daytime Phone #

954-316-4823