

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

CORPORATION REINSTATEMENT

BRADENTON VILLAGE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

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Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 MAY -6 AM 3:06

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003960

1. Corporation Name

Bradenton Village, Inc.

2. Principal Office Address - No P.O. Box #

1101 30th Street NW

3. Mailing Office Address

1101 30th Street NW

Suite, Apt. #, etc.

Floor 4

Suite, Apt. #, etc.

Floor 4

City & State

Washington, DC

City & State

Washington, DC

Zip

20007

Country

USA

Zip

20007

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

July 26, 2001

5. FEI Number
52-2300993

☐ Apply for
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

CRZE081 (12/08)

07-09

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am authorized by the board of directors of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent

Connie Bryan

Assistant Secretary

Date 5/11/09

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
Dir.	Marilyn Melkonian	1101 30th Street NW - FL 4	Washington, DC 20007
Pres.	William Whitman	same as above	same as above
VP	Marilyn Melkonian	same as above	same as above
Sec.	William Whitman	same as above	same as above
Treas.	Marilyn Melkonian	same as above	same as above

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:

Marilyn Melkonian, Director 5-5-9

202-333-8447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten signature]