## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

FLORIDA DEPARTMENT OF STATE Katherine Harris

**APPLICATION** 

MARIA

REIN	DIVINA	<b>,</b>	ry of State	GELMETARY OF JEVISION OF CORPO	MALE	
DOCUMENT # 538029  1. Corporation Name				OI NOV 13 AM 9:47		
BUAN	NO MANAGEMENT SEF	RVICES, INC.				
Principal F	Place of Business	Mailing Address		-		
		2965 SUNSET ROAD MELBOURNE FL 32904-95	27			
	addresses are incorrect in any way, line the incipal Office Address, If Applicable	ough incorrect information an		Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Politicalian	00/2//19//		
City & Sta	te	City & State	-	59-2987373	Applied For Not Applicable	
Zip Country Zip		Zip	Country	6. CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer and	/or Director (Florida nonprofit	t corporations must list at lea	ast 3 directors)		
Title(s) 1	Name of Officers and/or Directors	Street Address of Eac Officer and/or Director				
PDST	BUANNO, RONALD	2965 SUN	NSET ROAD	MELBOURNE FL	MELBOURNE FL	
				70000470 -12/05/01- ****150.0	-01028007 00 ****150.00	
****					<u>)</u>	
	8. Name and Address of Current	Registered Agent	Name	9. Name and Address of New Register	red Agent	
BUANNO, RONALD 2965 SUNSET ROAD				Street Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32904			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
			City			
40 1 5 -1					FL	
Signature o Registered	AgentRE	rold Guans	no Sign	Date	101	
this rein owed by	that I am an officer or director or the recenstatement application, the reason for disso y the corporation have been paid and the napplication is true and accurate, and my significant or the paid and the particular of the property of the	ilution has been eliminated, th names of individuals listed on	ne corporate name satisfies to this form do not qualify for a	the requirements of section 607.0401 or 61 an exemption under section 119.07(3)(i), F	17.0401, F.S., that all fees	
SIGNAT	TURE: SIGNATURE AND TYPED OR PRIN	Suanne nter name of signing offic	ER OR DIRECTOR	BUANNO 11/7/01 3	21- 727- 0043 Daytime Phone #	

## BUANNO MANAGEMENT SERVICES, INC. 2965 Sunset Road West Melbourne, Florida 32904-9527

November 7, 2001

Florida Department of State Division of Corporations Annual Reports/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Enclosed is a completed Uniform Business Form application for reinstatement.

Per our conversation with your Reinstatement Section representative Michelle, we are enclosing the normal fee of \$150.00 and an explanation of the circumstances which caused the corporation to miss submission of the UBR2001 form by May 1, 2001. Because of these circumstances, we request reinstatement of the active corporate status and abatement of the additional fees assessed.

Buanno Management Services, Inc. is a corporation with a single shareholder. The shareholder, Mr. Buanno, is also the only Director and Officer. In November 2000 he was diagnosed as having a large brain tumor that needed to be surgically removed. After several discussions with local doctors (surgeons), it was determined that no local doctor had the requisite skills and/or equipment to perform the surgery. In January 2001, Mr. Buanno went to New York state and in March was was successfully operated on to remove the brain tumor.

For ninety days after recuperating from the surgery (2 weeks) Mr. Buanno had extensive out-patient treatment to regain cognitive and motor functions. He returned to Florida in September and continues to receive chemotherapy and rehabilitative treatment.

Documentation of this medical occurrence is available upon request.

Respectfully

Ronald A. Buanno

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President, Buanno Management Services, Inc.