2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G92126

Entity Name: BUDDY BOY'S KOUNTRY KORNER, INC.

FILED Jun 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8430 C.R. 13 NORTH 2900 JOE ASHTON RD ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

8430 C.R. 13 NORTH 2900 JOE ASHTON RD ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092

FEI Number: 59-2399619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRYANT, IRA E. 2900 JOE ASHTON ROAD ST AUGUSTINE, FL 32092 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: IRA E. BRYANT

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 BRYANT, IRA E.,
 Name:

 Address:
 2900 JOE ASHTON ROAD
 Address:

 City-St-Zip:
 ST AUGUSTINE, FL
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BRYANT, MARJORIE D.,
 Name:

 Address:
 2900 JOE ASHTON ROAD
 Address:

 City-St-Zip:
 ST AUGUSTINE, FL
 City-St-Zip:

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 BRYANT, SERENA J
 Name:
 BRYANT, SERENA J

 Address:
 8430 CR 13N
 Address:
 2900 JOE ASHTON RD

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:
 SAINT AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA E. BRYANT DP 06/15/2005