

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -1 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067330

1. Corporation Name  
**BUCKINGHAM PROPERTY & INVESTMENTS INTERNATIONAL, INC.**

Principal Place of Business: 5401 SOUTH KIRKMAN ROAD, SUITE 500, C/O LAVIGNE & LAND, P.A., ORLANDO FL 32819  
Mailing Address: 5401 SOUTH KIRKMAN ROAD, SUITE 500, C/O LAVIGNE & LAND, P.A., ORLANDO FL 32819



REINSTATEMENT *9600*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>213 Via Bianca Dr</b> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <b>3260 Cross Fox Dr</b> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <b>08/28/1995</b>
City & State <b>DAVENPORT FL</b>	City & State <b>Mulberry FL</b>	5. FEI Number <b>59-3338688</b>
Zip <b>33837</b>	Zip <b>33860</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HERMON, DEBORAH SUSSMAN	<del>88 BUCKINGHAM MANIONS, WEST END</del> 4 DAVKSCROFT AVE	<del>LONDON, NW4 2UE UK</del> LONDON NW4 2UE UK
D.P	Danny Hermon		
			200001997402--9 -11/06/96--01031--016 ***225.00 ***225.00
			200001997402--9 -11/06/96--01031--017 ***150.00 ***150.00

8. Name and Address of Current Registered Agent <b>LAVIGNE, JAMES R</b> 5401 SOUTH KIRKMAN ROAD, SUITE 500 C/O LAVIGNE & LAND, P.A. ORLANDO FL 32819	9. Name and Address of New Registered Agent Name <b>Craig J Curry</b> Street Address (P.O. Box Number is Not Acceptable) <b>3260 Cross Fox Dr</b> Suite, Apt. #, Etc. City <b>Mulberry</b> State <b>FL</b> Zip Code <b>33860</b>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent *X* **Craig J Curry** **REGISTERED AGENT MUST SIGN** Date **10/20/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(l), 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: *X* **DAB/Hermon** **REQUIRED** Date **94 646-7137**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2500 (7/95)