

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -7 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G87403

1. Corporation Name

JOHN N. BUSO.P.A.

300067464623

03/09/06--01026--022 **1200.00

RECEIVED 03-06

2. Principal Office Address

1645 Palm Bch. Lakes Blvd. 1645 Palm Bch. Lakes

3. Mailing Office Address

1645 Palm Bch. Lakes

Suite, Apt. #, etc.

#450

Suite, Apt. #, etc.

#450

City & State

West Palm Beach, FL.

City & State

West Palm Beach, FL.

Zip

Country

Zip

Country

33401

Palm Beach

33401

Palm Beach

Blvd.

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/1984

5. FEI Number

59-2359350

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

JOHN N. BUSO

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

1645 Palm Bch. Lakes Blvd.

Suite, Apt. #, Etc.

#450

City

West Palm Beach, FL

State

FL

Zip Code

33401

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/1/06

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 |
|--------|--------------------------------------|---|---------------------------|
| PD | JOHN N. BUSO, ESQ. | 1645 Palm Bch. Lakes Blvd. #450 | West Palm Beach, FL 33401 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John N. Buso, Esq.

Date

2/1/06

(561) 689-5900

Daytime Phone #