APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

1996 NOV 26 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H27818

1. Corporation Name

BUCKINGHAM ENTERPRISES, INC.

Principal Place of Business / Mailing Address

~~c/o Gary G. Kaminsky~~
~~5740 Bay View Drive~~
~~Dunrisey, Florida 33308~~

REINSTATEMENT

If blank statements are made in any city, state, through incorrect information and other omissions below.

3. New Principal Office Address, if Applicable: 18 St. Georges Street	4. New Mailing Address, if Applicable:
State, Apt. #, etc.: Douglas	State, Apt. #, etc.
City & State: Isle of Man 1M1 1PL	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified To Do Business in Florida: 10/30/84	
6. Fed. Number: 65-0032165	Applied For / Not Applicable
8. CERTIFICATE OF STATUS DESIRED	

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
P/S/T/D	K.A. Jones	18 St. Georges Street	Douglas, Isle of Man 1M1 1PL
D	Moira Jones	18 St. Georges Street	Douglas, Isle of Man 1M1 1PL
			000002017130--2 12/02/96 01041 021 ****583.75 ****583.75

9. Name and Address of Current Registered Agent

Gary S. Kaminsky
5740 Bay View Drive
Fort Lauderdale, Florida 33308

10. Name and Address of New Registered Agent

Name: Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia Street,
Suite, Apt. #, etc.: Suite 1
City: Tallahassee
State: FL Zip Code: 32301

10. I, being appointed the registered agent of the above named corporation, can hereby acknowledge and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jennifer Hoskins c/o Capital Connection
REGISTERED AGENT MUST SIGN
Date: 11/26/96

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

12. I do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I acknowledge the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that any information supplied is deemed subject to public access. I certify that I am an officer or director of this corporation or a person authorized to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon filing this document information the regular file of application has been distributed, the corporate name satisfies the requirements of Section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and correct, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: K.A. JONES 11/12/96 011 44 1624-626557
PRESIDENT AND TREASURER OF FLORIDA CORPORATION OR TRUSTEE Date Daytime Phone #