

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 27 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/01/02--01061--010
****900.00 ****900.00

REINSTATEMENT 01-02

DOCUMENT # H92139

1. Corporation Name

BUODOCO ENTERPRISES, INC.
DBA Smyrna Chemical

2. Principal Office Address

318 N. CAUSEWAY

Suite, Apt. #, etc.

City & State

NEW SMYRNA BCH FL

Zip Country

32169 USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip Country

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

12-27-85

5. FEI Number

592584857

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

JACQUELINE SACCENTE

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

622 MIDDLEBURY LOOP

Suite, Apt. #, Etc.

City

NEW SMYRNA BCH

State

FL

Zip Code

32169

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

Jacqueline Saccente

REGISTERED AGENT MUST SIGN

Date

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
<u>PRES</u>	<u>BUODO THOMAS</u>	<u>947 CRYSTAL LAKE DR</u>	<u>PORT ORANGE FL 32129</u>
<u>VP</u>	<u>SACCENTE JACQUELINE</u>	<u>622 MIDDLEBURY LOOP</u>	<u>NEW SMYRNA BCH FL 32169</u>
<u>T</u>	<u>SACCENTE, ANGELO</u>	<u>" "</u>	<u>" "</u>

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 under section 119.07(3)(i), 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:

JACQUELINE SACCENTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-24-02

Daytime Phone #

(386) 427-1008

CR2E081 (9/01)