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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27, AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028700

Name and Mailing Address

0014179 01 AT 0.292 **AUTO T1 0 0615 33952-814167



BUCO ENTERPRISES, LLC
167 DEERFIELD AVENUE
PORT CHARLOTTE FL 33952-8141



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/28/2002	
Principal Place of Business 167 DEERFIELD AVENUE PORT CHARLOTTE FL 33952	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent BUSECK, EDWARD E 167 DEERFIELD AVENUE PORT CHARLOTTE FL 33952		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800024101918 10/27/03--01020--005 **150.00 City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> SIGNATURE REQUIRED Date <u>9-20-2003</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	EDWARD E. BUSECK	167 DEERFIELD AVE PORT CHARLOTTE, FL	PORT CHARLOTTE, FL 33952
MBR	JONATHAN CODY	167 DEERFIELD AVE	PORT CHARLOTTE FL 33952
REINSTATEMENT 03 dec			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Signature] **SIGNATURE REQUIRED**

Date 9-20-2003

Daytime Phone #

941-661-1558

Typed or printed name of signing Managing Member/Manager

EDWARD E. BUSECK

CR2EQ84 (7/03)