

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 DEC 18 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Buc Heaven LLC

L99-1153

**REINSTATEMENT 2000**

2. Principal Office Address

101 W. Main St

Suite, Apt. #, etc.

Ste 110

City & State

Lakeland, FL

Zip

33815

Country

USA

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

2/22/99

6. FEI Number

59-356 1177

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Anthony J. Pewonski

800003510958 -8

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

936 Wedgewood Lane

-12/21/00 -01093-024

\*\*\*\*155.00 \*\*\*\*155.00

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

9. 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

*Anthony J. Pewonski*

REGISTERED AGENT MUST SIGN

Date

12/13/00

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Director	Anthony J. Pewonski	936 Wedgewood Ln.	Lakeland, FL 33813

11. 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

*Anthony J. Pewonski*

Date

12/13/00

Daytime Phone #

863-603-0836

Typed or printed name of signing Managing Member/Manager

A.J. PEWONSKI