

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003437

**FILED**  
**Oct 08, 2008**  
**Secretary of State**

**Entity Name:** BUFFALO SOLDIERS MOTORCYCLE CLUB SOUTH FLORIDA INC.

**Current Principal Place of Business:**

2557 LOCHMORE ROD  
WEST PALM, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 713  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 20-8583190      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SHAFT ENTERPRISES INC.  
2901 ORANG AVENUE  
FORT PIERCE, FL 34950      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: I. K. RHAHEED

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HINTON, ROBERT  
Address: PO BOX 713  
City-St-Zip: STUART, FL 34995

Title: VP ( ) Delete  
Name: RHAHEED, I K  
Address: PO BOX 713  
City-St-Zip: STUART, FL 34995

Title: SEC ( ) Delete  
Name: REED, CHERYL  
Address: PO BOX 713  
City-St-Zip: STUART, FL 34995

Title: TREA ( ) Delete  
Name: JENKINS, THERESA  
Address: PO BOX 713  
City-St-Zip: STUART, FL 34995

Title: SAA ( ) Delete  
Name: MACKEY, O  
Address: PO BOX 713  
City-St-Zip: STUART, FL 34995

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: I. K. RHAHEED

VP

10/08/2008

Electronic Signature of Signing Officer or Director

Date