

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 MAR 14 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2003 UBR

DOCUMENT # N93000004670

1. Corporation Name
Six Buoy's Inc.

2. Principal Office Address
645 GREAT ABACO COURT

Suite, Apt. #, etc.

City & State
JACKSONVILLE BEACH FL

Zip Country
32250 Duval - USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip Country

2003 UBR

4. Date Incorporated or Qualified To Do Business in Florida
10/11/93

5. FEI Number
59-322-4771

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
TRAVIS HEDDERIX

Street Address (P.O. Box Number is Not Acceptable)
645 GREAT ABACO COURT 100014103551

Suite, Apt. #, Etc.

City State Zip Code
JAX BCH FL 32250

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
TRAVIS HEDDERIX
REGISTERED AGENT MUST SIGN

Date
3/16/03

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
RES	JEFF HOLBROOK (D)	7343 LAKE EMMA ROAD	GROVELAND FL 34736
T	TRAVIS HEDDERIX (D)	645 GREAT ABACO COURT	JAX BCH FL 32250
S	RICK MUSKIEWITZ (D)	35 ROSEWOOD DRIVE	JAX BCH FL 32250

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: TRAVIS HEDDERIX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
3/19/03
Daytime Phone #