

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 18 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010123

1. Corporation Name

Buchthead Entertainment, Inc.

2. Principal Office Address - No P.O. Box #

13254 SW 265 St

Suite, Apt. #, etc.

City & State

Homestead, FL 33032

Zip

Country

USA

3. Mailing Office Address

13254 SW 265 St

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

Country

USA

REINSTATEMENT 04-08

CR2E081 (12/07)

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

5. FEI Number

145-0486409

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

Philon, Tony C

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

13254 SW 265 St

Suite, Apt. #, Etc.

City

Homestead, FL

State

FL

Zip Code

33032

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Tony C. Philon

REGISTERED AGENT MUST SIGN

Date 08-14-08

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
PTD	Philon, Tony C	13254 SW 265 St	Homestead, FL 33032
VSD	Philon, Debra	13254 SW 265 St	Homestead, FL 33032

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08/18/08--01075--005 **750.00

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 contained in Chapter 119, 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:

Tony C. Philon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-14-08

Date

786-267-1388

Daytime Phone #

XC 8/19