

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000032440

1. Corporation Name

BAUCCO ENTERPRISES INC.

2. Principal Office Address

15433 Newport RD

Suite, Apt. #, etc.

City & State

CLWT FLA

Zip

33764

Country

U.S.

3. Mailing Office Address

15433 Newport RD

Suite, Apt. #, etc.

City & State

CLWT FLA

Zip

33764

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 30 2000

5. FEI Number

59-363419

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

JO-ANN L. MATHEWS

800004326518--2

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

9151 PARK BOULEVARD

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33777

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

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
D	MICHAEL J BAUCCO	15433 Newport RD	CLWT FL 33764
D	DEBBIE A BAUCCO	15433 Newport RD	CLWT FL 33764

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:

Michael J. Baucco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

(727)

532-8167

Daytime Phone #

CR2E081 (9/00)