


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 MAR 11 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD05800047130**
1. Corporation Name **B.U.C. INC**

900005190049--7
-04/03/02--01063--008
******300.00 ****300.00**

2. Principal Office Address 2511 N Grady Ave		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State SAME	
Zip 33607	Country USA	Zip 33607	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2000	
5. FEI Number 59-3678636	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Sydel LeGrande, M.D.		
Street Address (P.O. Box Number is Not Acceptable) 2511 N Grady Ave		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33607

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 Sydel LeGrande, M.D.	Date 3/6/02
REGISTERED AGENT MUST SIGN	

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
P -	George LeGrande	13408 Roslyn Pl	Tampa FL
VP	Sydel LeGrande, M.D.	13408 Roslyn Pl	Tampa FL

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 Sydel LeGrande, M.D.	Date 3/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 813-353-3549	

CR2E081 (9/01)