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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 27 PM 3:23

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000051532

1. Corporation Name

BU'S CAFE & LOUNGE, INC.

Principal Place of Business	Mailing Address
201 N. BROADWALK HOLLYWOOD FL 33019	201 N. BROADWALK HOLLYWOOD FL 33019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/23/2000

5. FEI Number: 65 1010328 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BUCCI, STEPHEN A	201 N. BROADWALK	HOLLYWOOD FL 33019
VPD	BUCCI, STEPHEN E	201 N. BROADWALK	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

BUCCI, STEPHEN E
201 N. BROADWALK
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10. I, being appointed the registered agent of the above nonprofit corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

AD

Signature of Registered Agent: Stephen Bucci Date: 11-26-01

REGISTERED AGENT MUST SIGN

11. 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: Stephen Bucci STEPHEN A. BUCCI 11-26-01 954-929-3315

SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

BU'S CAFE & LOUNGE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$758.75