

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000091656

1. Corporation Name

BUDDY LEE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5616 NW 167TH STREET
MIAMI FL 33014

5616 NW 167TH STREET
MIAMI FL 33014

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1044375

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	LEE, JENNIFER	6292 NW 186TH ST. APT 309 V new address 8480 NW 27th Pl Sunrise FL 33322	MIAMI FL 33015 100024264911 10/30/03--01005--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TICE, JAMES E
16220 SW 280TH STREET
HOMESTEAD FL 33031

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 named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

James E Tice
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/03

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:

Glenda E. Hood
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


10/18/03

Daytime Phone #

CR2E040 (7/03)

To whom it may concern,

I am writing this letter because I did not receive the prior uniform business report notices. I am including the appropriate UBR filing fee of \$150.00.

X 
J. Lee
President