

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000010758

1. Corporation Name

BUCHANAN'S DESIGN, INC.

Principal Place of Business

718 OMAR ROAD  
WEST PALM BEACH FL 33405

Mailing Address

718 OMAR ROAD  
WEST PALM BEACH FL 33405

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

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

01/26/2001

5. FEI Number

65-1073604

Applied For

Not Applicable

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4  |
|---------------|---|--|--------------------------|
| PSTD          | BUCHANAN, GLENN                           | 718 OMAR ROAD  | WEST PALM BEACH FL 33405 |
|               |   |  |                          |
|               |   |  |                          |
|               |   |  |                          |
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|               |   |  |                          |
|               |   |  |                          |

100023961161  
10/21/03--01022--008 \*\*158.75

REINSTATEMENT 03 TS

8. Name and Address of Current Registered Agent

BUCHANAN, GLENN  
718 OMAR ROAD  
WEST PALM BEACH FL 33405

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

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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.

GLENN E. BUCHANAN

SIGNATURE:

*Glenn E. Buchanan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561  
10-16-03 804-9252

CR2E040 (7/03)

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10-16-03

To Whom It May Concern

We "Buchanan's Design"  
Wrote You a Check on  
April 25 2003 - The Check  
Number was 1121

Justin Told Us Today  
Oct 16 You did not  
Receive this Check  
We are Sending You  
a New Check for  
158.75

This also includes  
a \$8.75 fee to get confirmation  
Back, to let us know  
for sure that you got  
payment

Thank You  
for Your Help  
and Understanding

M.R.  
Buchanan  
Firm Buchanan's  
Design