

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-2



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000110959

1. Corporation Name

BUDCO, INC.

Principal Place of Business

2400 W. BROWARD BLVD.  
SUITE 1112  
FORT LAUDERDALE FL 33312

Mailing Address

2400 W. BROWARD BLVD.  
SUITE 1112  
FORT LAUDERDALE FL 33312

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/2001

5. FEI Number

P01000110959

☒ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CINEGE, NEIL A JR	2400 W. BROWARD BLVD. SUITE 1112	FORT LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

CINEGE, NEIL A JR  
2400 W. BROWARD BLVD.  
SUITE 1112  
FORT LAUDERDALE FL 33312

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

SIGNATURE REQUIRED  
CINEGE JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

CR2E040 (8/02)

11/8/12

To whom it may concern,

Please find enclosed 150.00  
fee for reinstatement for Budco  
#P01000110959.

As per our telephone conversation  
this week we did not receive  
prior notice of revocation.

Please send appropriate forms with  
due dates so we may avoid this  
from reoccurring.

Thank you for all your help.

  
Budco