

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000117272

1. Corporation Name

BUCKLEE FOOD SERVICES INC.

Principal Place of Business

116 - 118 MADISON AVE.  
DAYTONA BEACH FL 32114

Mailing Address

116 - 118 MADISON AVE.  
DAYTONA BEACH FL 32114

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

12/11/2001

5. FEI Number

01-0555106

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
Pres/ Sec-Treas	Michael J. Dennis	61 IVANHOE DRIVE DAYTONA BEACH, FL 32176	DAYTONA BEACH, FL 32176

8. Name and Address of Current Registered Agent

DENNIS, MICHAEL J  
116 - 118 MADISON AVE.  
DAYTONA BEACH FL 32114

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

Date

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.

Michael J. Dennis

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386 691-9959  
386-323-0607

CR2E040 (8/02)

12/30/07

Division of Corporations  
Annual Report/Restatement Section  
P.O. Box 6327

Tallahassee, FL 32314-6327

To Whom it may concern:

Enclosed is the \$ 150.00 filing fee for my Corporation. I did not receive any other re-newal papers, only this one.

Thank you for your attention

Sincerely,

Michael J. Lewis, President  
Beck Lee Food Services Inc.

Doc# P01000 1172072