

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117272

1. Corporation Name

BUCKLEE FOOD SERVICES INC.

Principal Place of Business

Mailing Address

-116 -118 MADISON AVE.
DAYTONA BEACH FL 32114

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0555106

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
Pres/ Sec-Treas	MICHAEL J. DENNIS	61 IVANKO DRIVE OPAL BEACH, FL 32176	OPAL BEACH, FL 32176

800889734098
12/30/02--01031--004 **150.00

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

386 691-9959

386-323-0607

Date

Daytime Phone #

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
renewal papers, only this one.

Thank you for your attention

Sincerely,

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

Doc# PO1000 1172072