


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000022517</u>			
1. Corporation Name <u>BUCCANEER BLUEPRINT, INC</u> <u>1479 BELCHER RD S.</u> <u>SUITE L</u> <u>LARGO, FL 33771</u>			
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>SUITE L</u>	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 0304

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 25 PM 4:26

3/19/03 90162 007 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>22-3850825</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$2.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>MONICA Z. LAWSON</u>	<u>400031764314</u> 04/05/04--01008--015 **8.15
Street Address (P.O. Box Number is Not Acceptable) <u>2403 STATE STREET</u>	<u>400031764314</u> 04/05/04--01008--014 **15.00
Suite, Apt. #, Etc.	
City <u>TAMPA</u>	State <u>FL</u> Zip Code <u>33609</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Monica Z. Lawson  
REGISTERED AGENT MUST SIGNDate 3-24-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SWEDER, DONNA L	1532 PORTSMOUTH LK DR	BRANDON, FL 33511
VD	SWEDER, JEFFREY	1532 PORTSMOUTH LK DR	BRANDON, FL 33511

10. 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: Donna Z. Sweder 3-23-04 (927) 536-8289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Buccaneer Blueprint, Inc.  
1479 Belcher Rd. S.  
Suite L  
Largo, FL 33771

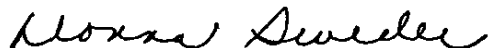
March 23, 2004

Florida Department of State  
Secretary of State  
Division of Corporations

To Whom It May Concern:

Please note the attached form is the last piece of correspondence in 2003 I have received from your office. I was not aware of any other information that you needed. If you have any questions please feel free to contact me at any time.

Regards,



Donna Sweder  
727-536-8289