

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Please file st
04 AUG 24 PM 2:59/
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000051790**

1. Corporation Name

Buck & Mary's Owls Nest, Inc

3301 NE 3rd Ave
3301 NE 3rd Ave

2. Principal Office Address

3301 NE 3rd Ave

3. Mailing Office Address

3301 NE 3rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Oakland Park, FL

Zip

33334

Country

US

Zip

33334

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida **May 10 2002**

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cynthia M. Beasley

Street Address (P.O. Box Number is Not Acceptable)

3361 NW 23rd Street

Suite, Apt. #, Etc.

City

Lauderdale Lakes,

State
FL

Zip Code
33311

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

REGISTERED AGENT MUST SIGN

Date **8-17-04**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Cynthia M. Beasley	3361 NW 23rd Street	Lauderdale Lakes, FL 33311
V	Freddie R. Beasley	2730 NW 21 Ave	Oakland Park, FL 33311
T	Antonio E. Feacher	3361 NW 23rd Street	Lauderdale Lakes, FL 33311
S	Candice S. Pinnoch	3361 NW 23rd Street	Lauderdale Lakes, FL 33311

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08/17/04--01002--008 **970.00

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:

8-17-04

954-730-7223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)