

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN 23 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PP2000051790

1. Corporation Name

Buck & Mary's OWLS Nest, Inc

2. Principal Office Address - No P.O. Box #

3301 N.E. 3rd Street

3. Mailing Office Address

3361 N.E. 3rd Ave

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Oakland Park, FL

City & State

Oakland Park, FL

Zip

33334

Country

USA

Zip

33334

Country

USA

7. Name and Address of Current Registered Agent

Name

Cynthia M. Beasley

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

3361 N.W. 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

Cynthia M. Beasley

REGISTERED AGENT MUST SIGN

Date 1-14-09

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
President	Cynthia M. Beasley	3361 N.W. 23rd Street	Lauderdale Lakes, FL 33311
V. President	Freddie R. Beasley	2730 N.W. 21 Ave	Oakland Park, FL 33311
Treasurer	Antonio Feacher	3361 N.W. 23rd Street	Lauderdale Lakes, FL 33311
Secretary	Candice S. Pinnoch	3361 N.W. 23rd Street	Lauderdale Lakes, FL 33311

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 contained in Chapter 119, 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: *Cynthia M. Beasley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-14-09

Daytime Phone #

754.214.6392

112720