

2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Dec 17, 2004
Secretary of State**

DOCUMENT# P03000106119

Entity Name: JOHN BUONOCORE, INC.

Current Principal Place of Business:

4259 FOX TRACE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

4259 FOX TRACE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 20-0850227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUONOCORE, JOHN L
4259 FOX TRACE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUONOCORE, JOHN L
Address: 4259 FOX TRACE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: BUONOCORE, ELIZABETH R
Address: 4259 FOX TRACE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: CREAMER, THEODORE T
Address: 436 NW 13TH DR
City-St-Zip: BOCA RATON, FL 33436

Title: T () Delete
Name: CREAMER, BARBARA
Address: 436 NW 13TH DR
City-St-Zip: BOCA RATON, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH R. BUONOCORE

VD

12/17/2004

Electronic Signature of Signing Officer or Director

_____ Date