


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000075756 1. Entity Name BUONA SERA, INC.						FILED 08 JUN -9 AM 6:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 610 S. 3RD STREET JACKSONVILLE BEACH, FL 32250 US				Mailing Address 610 S. 3RD STREET JACKSONVILLE BEACH, FL 32250 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
6. Name and Address of Current Registered Agent MODICA, MARIA L 610 S. 3RD STREET JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1830 S 3rd Street City Jacksonville Beach FL Zip Code 32250			
8. 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. I am familiar with, and accept the obligations of registered agent				4. FEI Number 20-1109506			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MODICA, MARIA L 610 S. 3RD STREET JACKSONVILLE BEACH, FL 32250			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1830 S 3rd Street Jacksonville Beach FL 32250		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MODICA, PETER 610 S. 3RD STREET JACKSONVILLE BEACH, FL 32250			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1830 S 3rd Street Jacksonville Beach FL 32250		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten: 7/6/10]</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Blank]</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Blank]</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Blank]</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Blank]</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Blank]</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Blank]</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Blank]</i>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 06-05-08 Daytime Phone #: 9042853405			