



P04000078429

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000078429			
1. Corporation Name Buckeye Express, Inc.			
2. Principal Office Address 3017 MOORE DRIVE Suite, Apt. #, etc. City & State OVIEDO, FL Zip 32765 Country USA		3. Mailing Office Address 3017 MOORE DRIVE Suite, Apt. #, etc. City & State OVIEDO, FL Zip 32765 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 5.14.04	
		5. FEI Number 201172422	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc. BK			
City Plantation		State FL	Zip Code 33324
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 		JOYCE A. GILBERT ASSISTANT SECRETARY Date 4-11-2007	
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
Pres.	Michael J Swanson	3017 MOORE DR	OVIEDO FL 32765
Sec.	Wendy R. Swanson	3017 MOORE DR	OVIEDO FL 32765
REINSTATEMENT 2005-2007			
000101621130 05/04/07--01056--009 **1058.75			
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: Michael J Swanson		4-11-07 407-359-8362	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	