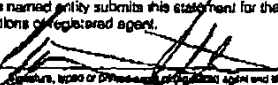


**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

08 DEC 12 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000078429			
1. Entity Name BUCKEYE EXPRESS, INC.			
Principal Place of Business 3017 MOORE DRIVE OVIEDO, FL 32765		Mailing Address 3017 MOORE DRIVE OVIEDO, FL 32765	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 20-1172422		☐ Additional Fee Required ☒ \$8.75 Additional Fee Required	
5. Certificate of Status Desired		6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		Chris McNair Assistant Secretary DATE 12/12/08	
FILER NOW: FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P SWANSON, MICHAEL J 3017 MOORE DRIVE OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP A712/12	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S SWANSON, WENDY R 3017 MOORE DRIVE OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		12/11/08 407-488-1927 (please print)	

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000272826 3)))



H080002728263ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT**BUCKEYE EXPRESS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

Electronic Filing Menu

Corporate Filing Menu

Help