2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 FEB -8 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200088463452
02/16/07--01004--022 **300.00

DOCUMENT # P05000075301

1. Entity Name
BUCHANAN BUILDERS INC.

Principal Place of Business	Mailing Address
63 E SHIPWRECK SANTA ROSA BEACH, FL 32459	63 E SHIPWRECK SANTA ROSA BEACH, FL 32459

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.: 48 Red Myple ct	Suite, Apt. #, etc.: 48 Red Maple ct
City & State: Santa Rosa Beach	City & State: Santa Rosa Beach
Zip: 32459 / Country: Walton	Zip: 32459 / Country: Walton

02022007 REIN-P CR2E098 (1/07)

4. FEI Number: 20-2893634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, DAVID W
63 E SHIPWRECK
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name: David W. Buchanan
Street Address (P.O. Box Number is Not Acceptable): 48 Red Maple ct
City: Santa Rosa Beach FL Zip Code: 32459

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.

SIGNATURE: [signature] 2/6/7
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P BUCHANAN, DAVID W 63 E SHIPWRECK SANTA ROSA BEACH, FL 32459 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 48 Red Maple ct Santa Rosa Beach Fl 32459
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

X SIGNATURE: [signature] 2/6/07 850-420-1836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 2/9