

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000051175

1. Corporation Name

Bu Yu Suk, Inc.

2. Principal Office Address - No P.O. Box #

5792 S. SUNCOAST BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

5792 S. SUNCOAST BLVD

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

City & State

HOMOSASSA FL

Zip

34446

Country

USA

Zip

34446

Country

USA

7. Name and Address of Current Registered Agent

Name

LOIERO, JAMES

Street Address (P.O. Box Number is Not Acceptable)

5792 S. SUNCOAST BLVD

Suite, Apt. #, Etc.

City

HOMOSASSA

State

FL

Zip Code

34446

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

James Loiero

REGISTERED AGENT MUST SIGN

Date

4/12/10

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
D	LOIERO, JAMES	5792 S. SUNCOAST BLVD	HOMOSASSA FL 34446
D	LOIERO, JOSEPH	5792 S. SUNCOAST BLVD	HOMOSASSA FL 34446
D	LOIERO, PETER	5792 S. SUNCOAST BLVD	HOMOSASSA FL 34446
D	HACKNEY, GLENN	5792 S. SUNCOAST BLVD	HOMOSASSA FL 34446
D	CORLE, BRANDON	5792 S. SUNCOAST BLVD	HOMOSASSA FL 34446

10. E-mail Address: buyusukcontact@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

James Loiero, *James Loiero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/10 (352)476-6015

Daytime Phone #

FILED

10 APR 14 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800175820758
04/14/10--01045--007 **300.00

REINSTATEMENT 09-10
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

04/11/2006

5. FEI Number
205095320

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.