

P110000008552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

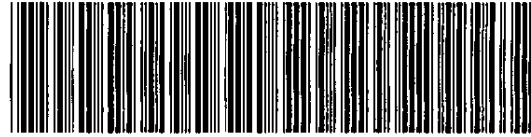
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 26 PM 3:44

W11-2678

B McKnight JAN 26 2011

John Lochnicht  
657 E. Bay Ave.  
Longwood, FL 32750  
407-463-5126

January 21, 2011

Florida Department of State  
Division of Corporations

RE: Letter # 311A00001331

Ms. Becky McKnight,  
Regulatory Specialist II Supervisor,

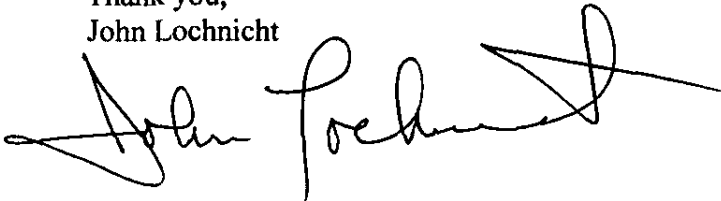
Dear Ms. McKnight,

On January 10<sup>th</sup> I applied for reinstatement for Buffalo Body Works, Inc. P96000097064, I am requesting to have this application for reinstatement rescinded.

I would like to proceed with a new filing for incorporation (Ref. Number W11000002678) for Buffalo Body Works, Inc. I am enclosing a copy of the Articles of Incorporation I had submitted and a copy of rescinding my reinstatement request.

Thank you for your assistance and please let me know if there is any other information I can provide.

Thank you,  
John Lochnicht

A handwritten signature in black ink, appearing to read "John Lochnicht", with a stylized flourish at the end.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 26 PM 3:44

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: BUFFALO BODY WORKS INC.**

(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: JOHN LOCHNIGHT

Name (Printed or typed)

657 E. BAY AVE.

Address

LONGWOOD, FL 32750

City, State & Zip

407-463-5126

Daytime Telephone number

JDUPREE@AOL.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

RECEIVED

11 JAN 26 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 14, 2011

JOHN LOCHNIGHT  
657 E BAY AVE  
LONGWOOD, FL 32750

SUBJECT: BUFFALO BODY WORKS INC.  
Ref. Number: W11000002678

We have received your document for BUFFALO BODY WORKS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or is not distinguishable from the name of an administratively dissolved or revoked business entity which has a reinstatement application pending on our records. Please select a new name or add one or more major words to the current name to make it distinguishable. Simply adding "of Florida" or "Florida" to the end of the name is not acceptable.

The document number of the conflict is P96000097064.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Regulatory Specialist II Supervisor  
New Filing Section

Letter Number: 311A00001331

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** **BUFFALO BODY WORKS, INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

564 S. RONALD REAGAN BLVD.  
LONGWOOD, FLORIDA  
32750

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**AUTO BODY REPAIR**

**ARTICLE IV SHARES**

The number of shares of stock is: **1500 SHARES**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOHN LOCHNIGHT, PDTS

Address: 657 E. BAY AVE.  
LONGWOOD, FLORIDA 32750

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: JULIE LOCHNIGHT, MGR

Address: 850 LYNS DR  
LONGWOOD, FLORIDA  
32750

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHN LOCHNIGHT

Address: 657 E. BAY AVE  
LONGWOOD, FL 32750

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN LOCHNIGHT

Address: 657 E. BAY AVE  
LONGWOOD, FL 32750

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1/11/2011

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

1/11/2011

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 26 PM 3:44