PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 SEP 13 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15989

1. Corporation Name

BUFKOR, INC.

2. Principal Office Address		**3.** Mailing Office Address	
13100 56th Court North		13100 56th Court North	
Suite, Apt. #, etc. Suite 710		Suite, Apt. #, etc. Suite 710	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33760	Country USA	Zip 33760	Country USA

4. Date Incorporated or Qualified To Do Business in Florida May 1988

5. FEI Number 16-0833701 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Thomas Mc Cabe c/o Bufkor, Inc.

900003398643--9
-09/20/00--01002--015
******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable): 13100 56th Court N.

Suite, Apt. #, Etc.: Suite 710

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-09/20/00--01002--016
***207.50 ***207.50

City: Clearwater | State: FL | Zip Code: 33760

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: T. McCabe | Date: September 6, 2000

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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.	A.L. Unger	13100 56th Court N.,Suite 710	Clearwater, Fl. 33760
V.P.	R. Martin	13100 56th Court N.,Suite 710	Vlearwater, Fl. 33760

REINSTATEMENT 90-00

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 under section 119.07(3)(i), 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: Reginald Martin | 09-07-00 | 727 572-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #