

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUL 16 PM 2:09

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FLORIDA DEPARTMENT OF STATE

**DOCUMENT #**

P93000016072

**1. Corporation Name**

BUFFALO'S OF AMERICA, INC

**2. Principal Office Address - No P.O. Box #**  
139 N. Ryan St.

**3. Mailing Office Address**  
905 East Fairview Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Montgomery, AL

Zip

32459

Country

USA

Zip

36106

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/02/1993

**5. FEI Number**  
59-2962247

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Norman C. Azar

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

139 North Ryan Street

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State  
FL

Zip Code  
32459

☐ 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.

**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

Norman C. Azar

REGISTERED AGENT MUST SIGN

Date 7/12/07

**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
P/D	Norman C. Azar	139 N Ryan Street	Santa Rosa Beach, FL 32459
T/D	Mark Martin	14529 US 331 South	Freeport, FL 32439
S/D	Grady Kittrell	68 North Ryan Street	Santa Rosa Beach, FL 32459

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**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 contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman C. Azar

Date 7/12/07

334-546-3434  
Daytime Phone #