

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P930000070119**

1. Corporation Name

**Buck Up's Inc.**

Principal Place of Business

Mailing Address

**6804 Thomas Drive  
Panama City Beach, FL 32408**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

4

City / State / Zip

**President Beverly E. Hill**

**7226 Beach Drive**

**Panama City Beach, FL 32408**

**V.P./Treas. Margot Stenger**

**1909 Gerado Lane**

**Lynn Haven, FL 32444**

**V.P. Waltraud Krause**

**1909 Gerado Lane**

**Lynn Haven, FL 32444**

8. Name and Address of Current Registered Agent

**Beverly E. Hill  
7226 Beach Drive  
Panama City Beach, FL 32408**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**Beverly Hill**

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

**Beverly Hill**

**Beverly Hill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/99**

Date

**(850)230-9099**

Daytime Phone #

99 FEB 17 AM 11:51

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

**90-99**

4. Date Incorporated or Qualified  
To Do Business in Florida

**October 8, 1993**

5. FEI Number

**59-3209797**

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**