

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # P94000067821

1. Corporation Name

Buddy Freddy Brandon, Inc

2. Principal Office Address

505 E Jackson St

Suite, Apt. #, etc.

Suite 202

City & State

Tampa FL

Zip

33602

Country

USA

3. Mailing Office Address

2902 Forest Club Dr

Suite, Apt. #, etc.

City & State

Plant City FL

Zip

33567

Country

USA

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

9-12-94

5. FEI Number

593269619

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

Phillip E Johnson

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

505 E. Jackson St.

Suite, Apt. #, etc.

Suite 202

City

Tampa

State
FL

Zip Code

33602

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

Phillip E Johnson

REGISTERED AGENT MUST SIGN

Date 1-18-02

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	Phillip E Johnson	2902 Forest Club Dr	Plant City, FL 33567

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:

Phillip E Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-02

Daytime Phone #

813-763-5881

CR20081 (9/01)