

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 24 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000057247

1. Corporation Name

Buckeye Land + Development Company
of Florida, Inc.

2. Principal Office Address

6712 Susan Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Castalia, Ohio

City & State

Zip

44824

Country

USA

Zip

Country

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

7/21/95

5. FEI Number

59-3382727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles W. Lowther

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

393 CenterPointe Circle

Suite, Apt. #, Etc.

Suite 1461

City

Altamonte Springs

State

FL

Zip Code

32701

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

Charles W. Lowther
REGISTERED AGENT MUST SIGN

Date 12-18-01

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	Charles W Lowther	393 CenterPointe Circle #1461	Altamonte Spgs, FL 32701
Dir	Jay W. Nielson	790 Ashbury Rd	Perrysburg, OH 43551

I, 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:

Charles W. Lowther Charles W. Lowther 12-18-01 321-432-2563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #