

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030294

1. Corporation Name

STEPHEN BUCKLEY, INC.

2. Principal Office Address

1201 RIVER REACH DR

Suite, Apt. #, etc.

519

City & State

FORT LAUDERDALE

Zip

FL

Country

USA

3. Mailing Office Address

1201 RIVER REACH DR

Suite, Apt. #, etc.

519

City & State

FORT LAUDERDALE

Zip

33315

Country

USA

200024290232
10/30/03--01053--012 ***150.00
REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/96

5. FEI Number

65-0653728

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BUCKLEY, STEPHEN

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

1201 RIVER REACH DR

Suite, Apt. #, Etc.

519

City

FORT LAUDERDALE

State

FL

Zip Code

33315

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

Stephen Buckley
REGISTERED AGENT MUST SIGN

Date

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
D	BUCKLEY, STEPHEN	1201 RIVER REACH DR #519	FORT LAUDERDALE, FL 33315

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:

Stephen Buckley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25081 (10/02)

2119

**STEPHEN BUCKLEY, INC.
1201 RIVER REACH DR #519
FORT LAUDERDALE, FL 33315
954-494-8383**

10/24/03

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter to request a waiver of the reinstatement penalty. I never received the Uniform Business Report in the mail and just discovered that the corporation is not active. I am enclosing a check in the amount of \$150.00. and kindly request to have the corporation reinstated.

Thanking you in advance for your assistance with this matter.

Regards,


Stephen Buckley