

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017153

1. Corporation Name

BUZZ-DUCT, INC.

2. Principal Office Address

1960 Pirates Point Rd.

Suite, Apt. #, etc.

City & State

YULEE, FLORIDA

Zip

32097

Country

USA

3. Mailing Office Address

1960 Pirates Point Rd.

Suite, Apt. #, etc.

City & State

YULEE, FLORIDA

Zip

32097

Country

USA

FILED

04 JUN -2 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900037569719
06/02/04--01013--002 **1200.00

REINSTATEMENT

01-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/20/1998

5. FEI Number
593492561

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
VOLPE, TIMOTHY W.

Street Address (P.O. Box Number is Not Acceptable)
1301 RIVERPLACE BLVD.

Suite, Apt. #, Etc.
SUITE 1700

City
JACKSONVILLE

State
FL

Zip Code
32207

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/1/04

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
DPST	LIVINGSTON, RODNEY W.	1960 Pirates Point Rd.	Yulee, FL 32097

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04 904-981-0255
Date Daytime Phone #