

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

02 NOV -6 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055956

1. Corporation Name

Bud First Financial, Inc.

2. Principal Office Address

665 Mardel Court

3. Mailing Office Address

28 Queen Street South

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Mississauga, Ontario

Zip

34104

Country

USA

Zip

L5M 1K3

Country

Canada

4. Date Incorporated or Qualified
To Do Business in Florida

6/23/98

5. FEI Number

65-0295264

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

William R. Smith

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

8191 College Parkway

Suite, Apt. #, Etc.

#204

City

Fort Myers

State

FL

Zip Code

33919

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

William R. Smith
REGISTERED AGENT MUST SIGN

Date 7/31/02

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
PSTD	Darrell A. Parsons	28 Queen Street South	Mississauga, ON L5M1K3-CANADA

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:

Darrell A. Parsons
Darrell A. Parsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/02 905-858-4480

Daytime Phone #

CR2E081 (9/01)

9/14/02

WILLIAM R. SMITH, P.A.

ATTORNEY AND COUNSELOR AT LAW

TELEPHONE: 239 482-8511

FACSIMILE: 239 482-1007

November 1, 2002

8191 COLLEGE PARKWAY
SUITE 204

FORT MYERS, FLORIDA 33919

ATTN: REINSTATEMENT SECTION

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: BUD FIRST FINANCIAL, INC.

DOCUMENT NUMBER: P98000055956

I am enclosing a Corporation Reinstatement form and a check for \$600.00. No notices were received in 1999 by my client and thus, my client was unaware that reports were lacking. I respectfully request that you waive any late fees. Please note the corrected mailing office address.

If you require any further information, please advise. Otherwise, I sincerely thank you for your consideration of this request.

Respectfully,



WILLIAM R. SMITH

WRS/wlm

Enclosures - As described