

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000082065

1. Corporation Name

BUFE ENTERPRISES, INC.

Principal Place of Business

887 WHIPPOORWILL DRIVE
PALM HARBOR FL 33765

Mailing Address

887 WHIPPOORWILL DRIVE
PALM HARBOR FL 33765

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1998

5. FEI Number

59-3553259

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BUFE, CLAUD D	887 WHIPPOORWILL DRIVE	PALM HARBOR FL 33765

500003468545--8
-11/17/00--01045--001
*****550.00 *****550.00

LS

8. Name and Address of Current Registered Agent

APPELT, JAMES D
1811 N. BELCHER ROAD-2
CLEARWATER FL 33765

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

Oct. 25th 00

CR2ED40 (8/00)

October 25, 2000

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

Re: Bufo Enterprises, Inc.
Ref. #: P98000082065
2000 Corporate Annual Report
Application for reinstatement

Dear Sir or Madam:

Attached is the application for reinstatement of Bufo Enterprises, Inc. Also attached is the check that was mailed on September 8th, 2000 for \$550.00 to pay the corporate filing fee. The check was returned because the Corporate Annual Report was not enclosed with payment.

The Corporation is to remain active. **Payment was made before the due date of September 13th, 2000.** Please accept the payment for \$550.00 as payment in full to reinstate Bufo Enterprises, Inc. Thank you.

Sincerely,



Diane Roeder
Certified Public Accountant