

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 20 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59967

1. Corporation Name

BUCKHORN BAR INC.

800159783338
08/20/09--01052--008 **600.00

REINSTATEMENT 06-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

16620 W HWY 40

3. Mailing Office Address

16620 W HWY 40

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL.

City & State

OCALA FL.

Zip

34481

Country

MARION

Zip

34481

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1992

5. FEI Number
593140094

☐ 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

LEE DE CESARE

Street Address (P.O. Box Number is Not Acceptable)
16600 W HWY 40

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34481

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Lee De Cesare
REGISTERED AGENT MUST SIGN

Date *Aug 18, 2009*

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. | LEE DE CESARE | 16600 W HWY 40 | OCALA FL. 34481 |
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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 contained in Chapter 119, 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:

Lee De Cesare LEE DE CESARE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 18, 2009 352-489-7020
Date Daytime Phone #