

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P27234

1. Entity Name
BUTH NA-BODHAIGE, INC.



Principal Place of Business
5036 ONE WORLD WAY
WAKE FOREST, NC 27588

Mailing Address
5036 ONE WORLD WAY
WAKE FOREST, NC 27588

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072005

REIN-P

CR2E098 (6/04)

4. FEI Number
22-2883487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Jackie DeLuca
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd

City Plantation

FL

Zip Code 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

By Jackie DeLuca or print.

Registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/01/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAUNDER, PETER WATERSMEED LITTLE HAMPTON WEST SUSSEX, UK 8N1-7LS	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BELLAMY, DAVID 5036 ONE WORLD WAY WAKE FOREST, NC 27587	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CALABRESE, JOANNE 5036 ONE WORLD WAY WAKE FOREST, NC, 27587	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELLAMY, ADRIEN WATERSMEAD LITTLEHAMPTON WEST SUSSEX, UK 8n176ls	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNGS, PETER WATERSMEAD LITTLEHAMPTON WEST SUXXES,, UK bn176ls	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BORUM, ANTHEA 5036 ONE WORLD WAY WAKE FOREST, NC 27587	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>President</u> <u>Hurley, Jim</u> <u>5036 One World Way</u> <u>Wake Forest, NC 27596</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>900060684089</u> <u>10/17/05--01056--002 **750.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP.

100705

Date

99-554-4900

Daytime Phone #

FILED

05 DEC -8 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

