

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 576321


1. Corporation Name
BUTLER NATIONAL SERVICES, INC.

Principal Place of Business
 2772 N.W. 31ST AVE.
 FT. LAUDERDALE FL 33311

Mailing Address
 2772 N.W. 31ST AVE.
 FT. LAUDERDALE FL 33311

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

FILED
 97 NOV -6 PH 3:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT *97*

4. Date Incorporated or Qualified To Do Business in Florida **06/20/1978**

5. FEI Number **59-1829606**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CDV	STEWART, CLARK D.	1546 E SPRUCE RD.	OLATHE KS
PD	FISCHRUPP, JON C.	2772 N.W. 31ST AVE.	FT. LAUDERDALE FL
S	MATUKEWICZ, EDWARD J	1951 SURVALE	OLATHE KS
TD	RUSKEY, STEPHANIE S	1546 E SPRUCE RD	OLATHE KS
TD	R. WARREN WAGONER	1546 E SPRUCE RD	OLATHE KS
AS	FISCHRUPP, PEGGY E.	2772 N.W. 31ST AVE.	FT. LAUDERDALE FL

8. Name and Address of Current Registered Agent

FISCHRUPP, JON C.
 2772 N.W. 31ST AVE.
 FT. LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
900002342568--8

Suite, Apt. #, Etc. **--11/10/97--01072--015**

City *******758.75 *****758.75**

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 *Jon C. Fischrupp* Date **11/3/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(l), 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: *Edward J. Matukewicz* Date **10-30-97** Daytime Phone # **913-780-9595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/97)