

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP 20 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/24/02--01042--015
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DOCUMENT #

726762

1. Corporation Name

BUTLER CHAIN
CONSERVATION ASSOCIATION, INC.

2. Principal Office Address

4226 DOWN EAST LN

Suite, Apt. #, etc.

City & State

WINDERMERE FL

Zip

34786

Country

USA

3. Mailing Office Address

POST OFFICE BOX 405

Suite, Apt. #, etc.

City & State

WINDERMERE FL

Zip

34786

Country

USA

REINSTATEMENT 85-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/07/1973

5. FEI Number

237088399

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

FRANK L. PAGE, C.P.A.

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

6068 S. APOPKA VINELAND RD

Suite, Apt. #, Etc.

SUITE 5

City

ORLANDO

State
FL

Zip Code

32819

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

Frank L. Page

REGISTERED AGENT MUST SIGN

Date 7/26/02

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	DIRECTORS	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	TERRY IRWIN	D	5211 LATROBE DR	WINDERMERE FL 34786
V.P.	LUCY COGSWELL	D	10553 DOWN LAKEVIEW CIR	WINDERMERE FL 34786
TREAS.	ANN CONNOLLY	D	4226 DOWN EAST LN	WINDERMERE FL 34786

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.

ANN CONNOLLY

SIGNATURE:

Ann Connolly, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/2002

Date

407-876-4086

Daytime Phone #

CR2E081 (9/01)

9/5/02