

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G91396

Entity Name: RALPH BUTLER PRODUCE, INC.

FILED
Nov 17, 2006
Secretary of State

Current Principal Place of Business:

% RALPH OWEN BUTLER
731 SUNNYDELL DRIVE
CLERMONT, FL 347113524

Current Mailing Address:

% RALPH OWEN BUTLER
731 SUNNYDELL DRIVE
CLERMONT, FL 347113524

New Principal Place of Business:

% RALPH OWEN BUTLER
12519 NICOLETTE CT
CLERMONT, FL 34711

New Mailing Address:

% RALPH OWEN BUTLER
12519 NICOLETTE CT
CLERMONT, FL 34711

FEI Number: 59-2383950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, RALPH OWEN
731 SUNNYDELL DRIVE
CLERMONT, FL 32711 US

Name and Address of New Registered Agent:

BUTLER, RALPH OWEN
12519 NICOLETTE CT
CLERMONT, FL 32711 US

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.

SIGNATURE: BUTLER, RALPH OWEN

11/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUTLER, RALPH OWEN,
Address: 731 SUNNYDELL DRIVE
City-St-Zip: CLERMONT, FL

Title: TD () Delete
Name: BUTLER, RUTH ANN,
Address: 731 SUNNYDELL DRIVE
City-St-Zip: CLERMONT, FL

Title: S () Delete
Name: DAVIDSON, LISA R
Address: 590 LAKESHORE DR
City-St-Zip: CLERMONT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUTLER, RALPH OWEN,
Address: 12519 NICOLETTE CT
City-St-Zip: CLERMONT, FL

Title: TD (X) Change () Addition
Name: BUTLER, RUTH ANN,
Address: 12519 NICOLETTE CT
City-St-Zip: CLERMONT, FL

Title: S (X) Change () Addition
Name: DAVIDSON, LISA R
Address: 590 LAKESHORE DR
City-St-Zip: CLERMONT, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUTLER, RALPH OWEN

PD

11/17/2006

Electronic Signature of Signing Officer or Director

Date