

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 MAR 22 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K53997**

1. Corporation Name

THE BUTCHER SHOP OF ORLANDO, INC.

Principal Place of Business

8445 INTERNATIONAL DR., STE 140
ORLANDO FL 32819

Mailing Address

8445 INTERNATIONAL DR., STE 140
ORLANDO FL 32819



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1988

5. FEI Number

42-1331244

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
D	DAY, DENNIS	8319 GREEN DOWNS COVE	GERMANTOWN, TN 38138
D	WILSON, CHARLES	2975 JOHNSON RD	MEMPHIS TN
			200003931972-6 -03/30/01--01088--002 *****900.00 *****900.00
			REINSTATEMENT 2006-01
			Mms

8. Name and Address of Current Registered Agent

BARKER, NELLIE J.
261 BANBURY COURT
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name Max Stephenson
Street Address (P.O. Box Number is Not Acceptable)
3104 Harrison Ave
Suite, Apt. #, Etc.
#A2
City Orlando State FL Zip Code 32804

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

Max Stephenson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3-13-01

11. 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.

SIGNATURE:

Dennis Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

Daytime Phone #

CR2E040 (8/00)