

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000003081

1. Entity Name
BUTLER ENTERPRISES, L.L.C.



Principal Place of Business
P.O. BOX 1176
LAKELAND, FL 33802

Mailing Address
P.O. BOX 1176
LAKELAND, FL 33802

2. Principal Place of Business - No P.O. Box #
1501 Grasslands Blvd

3. Mailing Address
PO Box 1176

Suite, Apt. #, etc.
#96

Suite, Apt. #, etc.

City & State
Lakeland FL

City & State
Lakeland FL

Zip
33803

Country
USA

Zip
33802

Country
USA

10222007 REIN-LLC CR2E101 (1/07)

4. FEI Number
59-3635642

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, DOROTHY
1400 GRASSLAND BLVD
APT 15
LAKELAND, FL 33803-5450

7. Name and Address of New Registered Agent

Name Dorothy Butler
Street Address (P.O. Box Number is Not Acceptable)
1501 Grasslands Blvd
City Lakeland FL Zip Code 33803

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 Dorothy Butler

10-22-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BUTLER, DOROTHY
STREET ADDRESS PO BOX 1176
CITY-ST-ZIP LAKELAND, FL 338021176

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200111298532
10/24/07--01042--004 **155.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dorothy Butler

11-7-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

IMPORTANT INSTRUCTIONS

863-8025984