

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 16 AMH:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000087631

1. Limited Liability Company's Name

Butcher's Blue Run Abode, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 5312 Chippendale Circle		3. Mailing Office Address 5312 Chippendale Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 339109-2204	Country USA	Zip 33919-2204	Country USA

4. State/Country of Formation Florida/Hillsbrough	
5. Date Organized or Qualified To Do Business in Florida November 29, 2004	
6. FEI Number 20-1973166	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name David R. Butcher		
Street Address (P.O. Box Number is Not Acceptable) 5312 Chippendale Circle		
Suite, Apt. #, Etc.		
City Fort Myers	State FL	Zip Code 33919-2204

E-mail Address:
600215284216
12/16/11--01009--022 **\$21.25
drbutcherhsd@embarqmail.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent David R. Butcher Date Dec 14, 2011
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	David R. Butcher	5312 Chippendale Circle	Fort Myers, FL 33919-2204
MGRM	John R. Butcher	4208 Riverside Drive	Richmond VA 23225
MGRM	Carolyn A. Butcher	6005 N.Otis Avenue	Tampa, FL 33604
MGRM	Robert S. Butcher	P.O. Box 587	Placida, FL 33946
			Q 12-14-11
			REINSTATEMENT 09-11

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing Member/Manager David R. Butcher Date 12/14/2011 Daytime Phone # 239-481-7851
Typed or printed name of signing Managing Member/Manager David R. Butcher