

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 2:49

DOCUMENT # LD 5000061165

1. Limited Liability Company's Name

Butz Properties, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

870 E. Wildmere Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

870 E. Wildmere Ave.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

USA

Zip

32750

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6/21/2005

6. FEI Number

Applied for

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John K. Butz

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

870 E. Wildmere Ave.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/9/08

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
<u>MGR</u>	<u>John K. Butz</u>	<u>870 E. Wildmere Ave. Longwood, FL 32750</u>	<u>Longwood, FL 32750</u>

700123282697
04/14/08--01050--024 **516.25

REINSTATEMENT

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.

Signature of
Managing Member/Manager

Date

4/9/08

Daytime Phone #

(407) 353-7879

Typed or printed name of signing Managing Member/Manager

John K. Butz