

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000064070

1. Limited Liability Company's Name

Butler Investments, LLC

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

312 Gilmore Road

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

3. Mailing Office Address

312 Gilmore Road

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip

32459

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/28/2005

6. FEI Number

20-3793862

☐ 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

Van Ness R. Butler, Jr.

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

312 Gilmore Road

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

900183445249
07/20/10--01003--009 **516.25

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

Van Ness R. Butler, Jr.

REGISTERED AGENT MUST SIGN

Date 07/07/2010

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	Van Ness R. Butler, Jr.	312 Gilmore Road	Santa Rosa Beach, FL 32459

11. E-mail Address: vbutter3@msn.com

(To be used for future annual report notifications)

12. 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

Van Ness R. Butler, Jr.

Date 07/07/2010

Daytime Phone # (850) 231-4653

Typed or printed name of signing Managing Member/Manager Van Ness R. Butler, Jr.