

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L65761

1. Corporation Name

BUTTMI CONSTRUCTION INC.

REINSTATEMENT 98-04

900030727919

03/18/04--01055--003 **1658.75

2. Principal Office Address

11055 9th ST. E.

Suite, Apt. #, etc.

3. Mailing Office Address

11055 9th ST. E.

Suite, Apt. #, etc.

City & State

TREASURE ISLAND, FL.

City & State

TREASURE ISLAND, FL.

Zip

33706

Country

USA

Zip

33706

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1990

5. FEI Number

59.3003748

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

T. DOUGLAS BUTTMI

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

11055 9th ST. E.

Suite, Apt. #, Etc.

City

TREASURE ISLAND

State
FL

Zip Code

33706

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

T. Douglas Buttmi

REGISTERED AGENT MUST SIGN

Date

3-2-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	T. DOUGLAS BUTTMI	11055 9th ST. E.	TREASURE ISLAND, FL. 33706

10. 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:

T. Douglas Buttmi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-2-04

Daytime Phone #

727-488-8384

CP2ED01 (01/04)