PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10-02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV -3 AM 11:51

DOCUMENT # N01000001024

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1. Corporation Name
Butler's Community Services, Inc.

2. Principal Office Address	3. Mailing Office Address
3771 Hwy 69	P. O. Box 409
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Greenwood, Fl	City & State: Greenwood, Fl
Zip: 32443 Country: Jackson	Zip: 32443 Country: Jackson

4. Date Incorporated or Qualified To Do Business in Florida: 2/13/2001

5. FEI Number: 59 3649580 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

REINSTATEMENT

Name: Idwella G. Butler

Street Address (P.O. Box Number is Not Acceptable): 3771 Hwy 69

Suite, Apt. #, Etc.:

City: Greenwood | State: FL | Zip Code: 32443

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: Idwella G. Butler Date: 11/3/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	Idwella G. Butler	P. O. Box 409	Greenwood, Fl 32443
VP	Kendrick G. Harris, Sr.	5009 Spruce Lane	Marianna, Fl 32446
T	Vernon H. Butler, Sr.	P.O. Box 409	Greenwood, Fl 32443
S	Ethel H. Batson	3896 Sylvania Plantation Rd	Greenwood, Fl 32443
D	Emmett L. Long, Jr	6087 Fort Road	Greenwood, Fl 32443

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: Idwella G. Butler 11/3/03 850-592-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Butler's Community Services, Inc. 2002
P. O. Box 409
Greenwood, Fl 32443
11/3/03

Florida Dept OF State
P.O. Box 6327
Tallahassee, Fl 32314

To whom it may concern:

This letter is to verify that we Never received our 2002 Filing Documentation due to a Change Of Address. I called your office to give the correct P.O. Box when Established, but we never received anything. We are requesting to re-instate our status and pay all Fees required. We also is Filing an application For our 501 (c) (3) Certificate and Internal Revenue requested to also File that with your agency.

Thank you For your Cooperation.