

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 4:23

DOCUMENT # N98000004123

1. Corporation Name *The LeRoy Butler Foundation Inc.*

2. Principal Office Address

5238-15 Norwood Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

5238-15 Norwood Ave

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Jacksonville, FL.

Zip

32208

Country

U.S.

Zip

32208

Country

U.S

REINSTATEMENT *00*

4. Date Incorporated or Qualified
To Do Business in Florida

7-16-98

5. FEI Number

59-3524020

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

Carrie M. Lee-Redding

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

5238-15 Norwood Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code

32208

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

Carrie M. Lee-Redding

REGISTERED AGENT MUST SIGN

Date *10-16-2000*

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
<i>Dir.</i>	<i>LeRoy Butler</i>	<i>8007 Acorn Ridge Rd.</i>	<i>Jacksonville, Fl. 32256</i>
<i>Pres.</i>	<i>Rhodesia Lee Butler</i>	<i>8007 Acorn Ridge Rd.</i>	<i>Jacksonville, Fl. 32256</i>
<i>Dir.</i>	<i>Cleve Warren</i>	<i>9250 Baymeadows Rd, #220</i>	<i>Jacksonville, Fl. 32256</i>
<i>Dir.</i>	<i>Anthony Cohen</i>	<i>5238-15 Norwood Ave</i>	<i>Jacksonville, Fl. 32208</i>
<i>Dir.</i>	<i>Rodney L. Hurst, Sr.</i>	<i>5863 Carver Pines Ct.</i>	<i>Jacksonville, Fl. 32219</i>

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:

Rhodesia Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct-16-00 (9:37) 764-0606
Daytime Phone #