PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR -5 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003171

1. Corporation Name

Robert K. Butler, P.A.

2. Principal Office Address	3. Mailing Office Address
527 Tulip Lane	527 Tulip Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, FL 32963	City & State: Vero Beach, FL 32963
Zip: 32963 Country: US	Zip: 32963 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 1/5/2000

5. FEI Number: Applied For ☐ Not Applicable ☐
59-3635588

CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Robert K. Butler

Street Address (P.O. Box Number is Not Acceptable): 527 Tulip Lane

Suite, Apt. #, Etc.:

City: Vero Beach State: FL Zip Code: 32963

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: _____
REGISTERED AGENT MUST SIGN

Date: November 7, 2002

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
PVST	Robert K. Butler	527 Tulip Lane	Vero Beach, FL 32963

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.7.2002 Date

7725628111 Daytime Phone #

March 4, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Robert K. Butler, PA

Dear Sir/Madam:

Please be advised that I did not receive the Uniform Business Report for the year 2001. Please let me know if I can provide you any additional information.

Sincerely,

Robert K. Butler
President

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