

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 AUG 25 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089249

1. Corporation Name

ART BUTTS, INC.

Principal Place of Business

1648 S FOUNTAINHEAD ROAD  
FT MYERS FL 33919

Mailing Address

1648 S FOUNTAINHEAD ROAD  
FT MYERS FL 33919

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/2001

5. FEI Number

65-1026738

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BUTTS, ARTHUR	1648 S FOUNTAINHEAD ROAD	FT MYERS FL 33919
D	BUTTS, HARRIETTE	1648 S FOUNTAINHEAD ROAD	FT MYERS FL 33919

8. Name and Address of Current Registered Agent

BUTTS, ARTHUR  
1648 S FOUNTAINHEAD ROAD  
FT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

X *Arthur Butts*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

8/21/03

11. 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:

X *Arthur Butts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/03

Daytime Phone #

Art Butts, Inc.

1648 S. Fountainhead Road  
Fort Myers, FL 33919

Telephone: 239.481.4988

August 21, 2003

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

Dear Friends:

I would like to reinstate my corporation. It was administratively dissolved on October 22, 2002 for failure to file the Uniform Business Report. I have enclosed an executed Application for Reinstatement along with a check in the amount of \$300.00. This represents 2002 and 2003 filing fees.

I respectfully request that the \$600.00 reinstatement fee be waived. It has come to my attention that the Department of Revenue is offering an amnesty program for non-filers. I recognize that this is not a Department of Revenue tax, however, if it were, I would meet the eligibility requirements for amnesty. It seems reasonable to me that I, too, should be entitled to relief under the intent of the amnesty program.

Thank you for considering my request. If you find that you are unable to waive the reinstatement fee, please return my check and my application. If I am not permitted the amnesty under the intent of the program, I will be forced to reconsider my business plan. Thank you for your kind attention to this matter.

Yours very truly,

ART BUTTS, INC.



Art Butts, President