

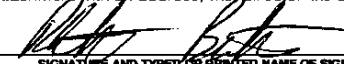


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000117125</b> 1. Entity Name <b>BUTLER'S FRAMING INC</b>			
Principal Place of Business <b>116 15TH ST APALACHICOLA, FL 32320</b>		Mailing Address <b>116 15TH ST APALACHICOLA, FL 32320</b>	
2. Principal Place of Business <b>104 NORTH 32nd STREET</b> Suite, Apt. #, etc. <b>D</b>		3. Mailing Address <b>104 NORTH 32nd STREET</b> Suite, Apt. #, etc. <b>D</b>	
City & State <b>MEXICO BEACH, FL</b> Zip <b>32456</b>		City & State <b>MEXICO BEACH, FL</b> Zip <b>32456</b>	
Country <b>BAH</b>		Country <b>BAH</b>	
4. FEI Number <b>383705971</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUTLER, RHETT 116 15TH ST APALACHICOLA, FL 32320</b>		7. Name and Address of New Registered Agent Name <b>RHETT BUTLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>102 Sweetgum Circle</b> City <b>WENAHITCHCA</b> <b>FL</b> Zip Code <b>32465</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. X SIGNATURE  DATE <b>11/16/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P BUTLER, RHETT <input type="checkbox"/> Delete	TITLE	V BUTLER, RHETT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, RHETT	NAME	BUTLER, RHETT
STREET ADDRESS	116 15TH ST	STREET ADDRESS	102 Sweetgum Circle
CITY-ST-ZIP	APALACHICOLA, FL 32320	CITY-ST-ZIP	WENAHITCHCA, FL 32465
TITLE	V POLOUS, SHELLY <input checked="" type="checkbox"/> Delete	TITLE	S CREAMER, EMMA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLOUS, SHELLY	NAME	CREAMER, EMMA
STREET ADDRESS	64 18TH ST	STREET ADDRESS	102 Sweetgum Circle
CITY-ST-ZIP	APALACHICOLA, FL 32320	CITY-ST-ZIP	WENAHITCHCA, FL 32465
TITLE	S CROWL, ANDY <input checked="" type="checkbox"/> Delete	TITLE	T LETA TURNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWL, ANDY	NAME	LETA TURNER
STREET ADDRESS	116 15TH ST	STREET ADDRESS	107 N. 31st St
CITY-ST-ZIP	APALACHICOLA, FL 32320	CITY-ST-ZIP	MEXICO BCH, FL 32456
TITLE	<input type="checkbox"/> Delete	TITLE	V PATRICK HAGERMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	PATRICK HAGERMAN
STREET ADDRESS		STREET ADDRESS	10571 N.W. NORTH ST
CITY-ST-ZIP		CITY-ST-ZIP	BRISTOL, FL 32434
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
X SIGNATURE: 		Date <b>11/16/05</b> Daytime Phone # <b>850-648-5716</b>	