

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000077041

1. Corporation Name

Blue Butterfly Arts & Crafts, Inc.

W09-54311

2. Principal Office Address - No P.O. Box #

615 NW Stanford Lane

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

3. Mailing Office Address

615 NW Stanford Lane

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34983

Country

USA

REINSTATEMENT 108-09

4. Date Incorporated or Qualified
To Do Business in Florida 07/2007

5. FEI Number
26-0479212

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

Megan A. Geusz

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

615 NW Stanford Lane

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Megan A. Geusz

Date 12/02/09

REGISTERED AGENT MUST SIGN

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
President	Megan A. Geusz	615 NW Stanford Lane	Port St. Lucie, FL 34983
Vice President	Darrell K. Geusz	615 NW Stanford Lane	Port St. Lucie, FL 34983

000163589210
12/30/09--01019--026 **150.00

12/12/31

10. E-mail Address: mgeusz@att.net

(To be used for future annual report notification)

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. I further certify, 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:

Megan A. Geusz

Megan A. Geusz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/09

Date

772-344-0795

Daytime Phone #