

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *095000039579*

1. Corporation Name

*Butterfly Services of Northwest
Florida, Inc.*

2. Principal Office Address

3657 E Hwy 30-A
Suite, Apt. #, etc.

3. Mailing Office Address

3657 E Hwy 30-A
Suite, Apt. #, etc.

CR2E081 (12/05)

City & State

Santa Rosa Bch FL

City & State

Santa Rosa Bch FL

Zip

32459

Country

Walton

Zip

32459

Country

Walton

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/18/95

5. FEI Number

593325653

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

Kara Rhodell Starkey

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

3657 E Hwy 30-A

Suite, Apt. #, Etc.

City

Santa Rosa Bch

State

FL

Zip Code

32459

200081027072
10/19/06--01039--007 **301.00

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**

Kara R Starkey
REGISTERED AGENT MUST SIGN

Date *10/13/06*

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
PRES.	<i>Kara R. Starkey</i>	<i>3657 E Hwy 30-A</i>	<i>Santa Rosa Bch FL 32459</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 contained in Chapter 119, 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:

Kara R Starkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/06 *850 231-2826*
Date Daytime Phone #

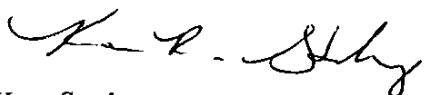
Page 2

October 13, 2006

To Whom It May Concern:

Please waive the reinstatement fee as due to pregnancy and business relocation we have had to move a couple times in the last year and a half and never received the annual report notices. Thank you in advance.

Best regards,



Kara Starkey
President

Butterfly Services of Northwest Florida, Inc.