PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR-2 AM 11:04

DOCUMENT # P95000039579

1. Corporation Name
Butterfly Services of Northwest Florida, Inc.

100015665111
04/11/03--01004--032 **450.00

2. Principal Office Address	**3.** Mailing Office Address
3657 E. Hwy 30-A	PO Box 1964
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seagrove Beach, FL	City & State: Santa Rosa Beach FL
Zip: 32459 Country: US	Zip: 32459 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 5-18-1995

5. FEI Number: 59-3325653 ☐ 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: Victoria Hughes

Street Address (P.O. Box Number is Not Acceptable): 398 W. Pt. Washington Rd

Suite, Apt. #, Etc.:

City: Santa Rosa Beach FL 32459 State: FL Zip Code: 32459

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: Victoria Hughes — REGISTERED AGENT MUST SIGN — Date: 3-30-03

CR2E091 (10/02)

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
V	Victoria J. Hughes	3657 E. Hwy 30 A	Seagrove Beach FL 32459
P	Pamela L. Vandeven	3657 E. Hwy 30-A	Seagrove Beach FL 32459

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: Victoria Hughes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3-30-03 Date — 850-231-2826 Daytime Phone #

3-30-03

To Whom it may Concern:

Enclosed is a check to reinstate Butterfly Services of Northwest Florida, Inc. We have not been recieving our annual report notices.

Sincerely,

Victoria Hughes
Vice President