## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

|   | PLEASE RE PLICATION FOR ISTATEMENT  |  |   | MENT OF STATE  Mortham  of State  |                                       | ING THIS FOR  |   |  |
|---|---|--|---|---|---------------------------------------|---|---|--|
| DOC<br>1. Corpor  | UMENT # P950<br>ation Name<br>THOUSE BUTTERFLY  | 0000679<br>Y FARM, IN                          | ·   |   |                                       | 97 DEC 12 PI<br>SECRETARY O<br>TALL AHASSEL                                 |   |  |
| STAR ROUTE         ST           BOX 1120         BC           EARLTON FL 32631         EA           US         US |   |  | Mailing Address<br>STAR ROUTE<br>BOX 1120<br>EARLTON FL 32631<br>US                               |   |                                       | IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII                                      | 11111111111111111111111111111111111111  |  |
| If above addresses are incorrect in any way, line through  New Principal Office Address, If Applicable  3.        |   |  | n incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable |   |                                       | Date Incorporated or Qualified     To Do Business in Florida     08/31/1995 |   |  |
| Suite, Apt.   |   |  | Suite, Apt. #, etc.  City & State   |   |                                       | 59-3350339  | Applied For                             |  |
| Zip Zip   |   |  | Zip Country   |   | 6. \$8.75 Additional Fee require      |   |   |  |
| 7 Names   | and Street Addresson of Each Office   | or pod/or Director /                           | Elected nonrestit o   | ornorations must list at lo   | L                                     | E OF STATUS DESIRED   | for a Certificate of Status             |  |
| US If above 2. New Pi Sulte, Apt. City & Stat Zip 7. Names Title(s) 1   | lames and Street Addresses of Each Officer and/or Director (Florid  Name of Officers and/or Directors  2  |  |   | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) |                                       | City / State / Zip  |   |  |
| D   | GREATHOUSE, ZANE  | 5812 NW 63 COURT                               |   |   | GAINESVILLE FL 32653                  |   |   |  |
| D   | GREATHOUSE, DANIEL  |  | 636 NE 10 AVENUE  |   |                                       | GAINESVILLE FL 32601  |   |  |
| D MILLS, ANNE   |   |  | P.O. BOX 220078*  |   |                                       | GLENWOOD FL 32732   |   |  |
| -D KNOPF, LINDA   |   |  | 33 <del>07 WHIRLAWAY TRAIL</del>  |   |                                       | TALLAHASSEE FL 32308  |   |  |
|   | 8. Name and Address of Cu   | arrent Registered A                            | Agent   |   |                                       | 000237<br>-12/16/97-<br>****750. (<br>Address of New Register               | <u> 0****750.00_</u>                    |  |
| 5812 NW 63 COURT  |   |  |   |   | s (P.O. Box Number is Not Acceptable) |   |   |  |
| GAINESVILLE FL 32853-3211   |   |  |   | Suite, Apt. #, Etc.  City State Zip Code  |                                       |   |   |  |
| 10. I, bein<br>Signature<br>Registered  | g appointed the registered <del>agent</del> of the Agent South  | Shear  | rporayon, am fami<br>Huma<br>AGENT MUST SIG   | <u> </u>  | bligations of Sect                    | ion 607.0505, F.S. Date/2   |   |  |
| 11. Th  | nis corporation owes o<br>tangible Personal Pro   | has paid<br>perty tax du                       | the current<br>se June 30   | year<br>. Yes 🗹   | No 🗆                                  |   | side for information<br>ntangible tax.) |  |
| this rei  | y that I am an officer or director or the<br>estatement application, the reason for<br>the corporation have been paid ar<br>application is true and accurate, and | or dissolution has be<br>not the names of indi | en eliminated, the<br>viduals listed on th  | corporate name satisfies<br>his form do not qualify for                               | the requirements<br>an exemption un   | of section 607.0401 or 61   | 7.0401, F.S., that all fees             |  |
| SIGNA   | TURE: SHINATURE AND TYPED   | OR PRINTED NAME O                              | HENCE<br>OF SIGNING OFFICE  | Preside   | nt                                    | 12-10-94<br>Date  | 352-475 -<br>Daylinic 12888             |  |