

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/12

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042821

1. Corporation Name

BUTLER'S FINAL DETAIL IN SWIMMING POOL CARE INCORPORATED

Principal Place of Business

Mailing Address

567 HILLVIEW DRIVE  
ALTAMONTE SPRINGS FL 32714

567 HILLVIEW DRIVE  
ALTAMONTE SPRINGS FL 32714



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1996

5. FEI Number

59-3387610

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BUTLER, TERRY L	567 HILLVIEW DRIVE	ALTAMONTE SPRINGS FL 32714

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IKEJI, CHUCK  
5990 BRAEMAR PL  
STE 104  
ORLANDO FL 32822

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Chuck Ikeji*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/17/03

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 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:

*Chuck Ikeji*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

Daytime Phone #

CR2040 (7/03)

2082

Butler's Final Detail  
567 Hillview Drive  
Altamonte Springs, FL 32714  
October 15, 2003

Florida Department of State  
Division of Corporations  
P. O Box 1500  
Tallahassee, FL 32314

Re: 2003 UNIFORM BUSINESS REPORT: BUTLER'S FINAL DETAIL IN  
SWIMMING POOL CARE INC. DOC #P96000042821

I am requesting that the late filing fee of four hundred dollars (\$400.00) be waived because I did not receive the initial form. Our records show that we did not receive the Annual Report for 2003. I am enclosing the filing fee of \$150.00.

If you need further information please feel free to contact me. Thank you for your cooperation.

Sincerely,



Terry Butler

ENCLOSURE  
NOV 12 2003  
P.O. BOX 1500  
TALLAHASSEE, FL 32314