

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 11 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055255

1. Corporation Name

BUTTROSE, INC.

REINSTATEMENT 03-06

2. Principal Office Address

1217 SE 13th Terrace

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip
33316

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 06/27/96

5. FEI Number
65-0660978

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
Buttrose, Paul D.

Street Address (P.O. Box Number is Not Acceptable)
1217 SE 13th Terrace

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33316

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

REGISTERED AGENT MUST SIGN

Date

7/30/06

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
PTS	Buttrose, Paul	1217 SE 13th Terrace	Fort Lauderdale, FL 33316

400079761744
09/13/06--01015--015 **\$600.00

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:

Paul Buttrose, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

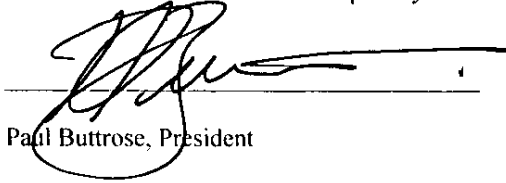
7/30/06

Daytime Phone #

282

Statement of Non-Receipt

Buttrose Inc. did not receive its notice of annual report in 2003, the year of its administrative dissolution. This appears to be due to an address input error in the state's records. Please note the proper corporate address is 1217 SE 13th Terrace not 1217 Terr as indicated in the on-line records. We respectfully request a waiver of the \$600 reinstatement penalty.



Paul Buttrose, President