

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000015202**

1. Corporation Name

BUTLER'S OFFICE CLEANING, INC.

* Principal Place of Business

Mailing Address

146 SUNFLOWER ROAD
TALLAHASSEE FL 32310

146 SUNFLOWER ROAD
TALLAHASSEE FL 32310

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

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida		02/17/1997
5. FEI Number	Applied For	
59-3430030	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BUTLER, BILLY	146 SUNFLOWER ROAD	TALLAHASSEE FL 32310
D	BUTLER, DAISY	146 SUNFLOWER ROAD	TALLAHASSEE FL 32310
D	MORRIS, ROOSEVELT	420 MERLIN WAY	TALLAHASSEE FL 32301

7000002750917-6
-01/22/99-01009-009
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUTLER, BILLY
146 SUNFLOWER ROAD
TALLAHASSEE FL 32310

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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.

Signature of Registered Agent

Billy Butler

FE REQUIRED

Date 1/5/99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(f), 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:

Billy Butler **Billy Butler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 580-421-5347
Date Daytime Phone #

CR2E040 (9/98)