

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 AUG 21 AM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100159806901
08/21/09--01032--006 **450.00

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013676

1. Corporation Name

BUTTER PROPERTY INVESTORS, INC.

2. Principal Office Address - No P.O. Box #

1400 S OCEAN DRIVE

3. Mailing Office Address

11600 NW 25TH STREET

Suite, Apt. #, etc.

PH-1707

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

PLANTATION

Zip

FL

Country

33019

Zip

FL

Country

33023

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/98

5. FEI Number
65-0815013

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

MATTHEW BUTTER

Street Address (P.O. Box Number is Not Acceptable)
11600 NW 25TH STREET

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33023

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *8/16/09*

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
D	RICHARD BUTTER, SR.	148 ELM STREET	ELIZABETH, NJ 07208
D	RICHARD BUTTER, JR.	892 HOBSON STREET	UNION, NJ 07083
D	MATTHEW BUTTER	11600 NW 25TH STREET	PLANTATION, FL 33023
D	BRIAN BUTTER	142 MARY ALICE COURT	UNION, NJ 07083

REINSTATEMENT

RH

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/16/09*

Daytime Phone # *(954) 927-8031*