

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 10 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 71029

1. Corporation Name

E.C. Butler Enterprise

2. Principal Office Address

EC Butler Enterprise

Suite, Apt. #, etc.

7008 S. County Line Rd

City & State

Mulberry FL

Zip Country

33860 Polk

3. Mailing Office Address

EC Butler Enterprise

Suite, Apt. #, etc.

P.O. Box 908

City & State

Mulberry FL

Zip Country

33860-0908 Polk

**REINSTATEMENT** 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 11, 1998

5. FEI Number

91-1924827

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

Edwin Curtis Butler

600003220876 5

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

7008 S. County Line Road (no mail is received here)

-04/24/00-01119-012

\*\*\*\*700.00

\*\*\*\*900.00

Suite, Apt. #, Etc.

P.O. Box 908

City

Mulberry

State

FL

Zip Code

33860

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

Edwin Curtis Butler

REGISTERED AGENT MUST SIGN

Date 4-3-2000

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
<u>P/D</u>	<u>Edwin Curtis Butler</u>	<u>7008 S. County Line Rd</u>	<u>Mulberry FL 33860</u>
<u>D/V</u>	<u>ERAWA JAN BUTLER</u>	<u>2008 S. County Line Rd</u>	<u>Mulberry FL 33860</u>
<u>T/S</u>	<u>Berlie Council Butler</u>	<u>7008 S. County Line Rd</u>	<u>Mulberry FL 33860</u>

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 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:

Edwin Curtis Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Curtis Butler

Date

4-3-2000

(863) 644-7802

Daytime Phone #

**KE**