

APPLICATION
FOR



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

FILED

00 OCT 26 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000038045

1. Corporation Name

BUTTERFLY HILL NURSERY & TREEFARM, INC.

Principal Place of Business

Mailing Address

187 ROYAL PALM DRIVE
PONTE VEDRA BEACH FL 32082

187 ROYAL PALM DRIVE
PONTE VEDRA BEACH FL 32082

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1999

5. FEI Number

59 3576925

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

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	4 City / State / Zip
D	VAN NELSON, BRUCE	187 ROYAL PALM DRIVE	PONTE VEDRA BEACH FL 32082

600003463656--7
-11/15/00-01018-004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

VAN NELSON, BRUCE
187 ROYAL PALM DRIVE
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Bruce Van Nelson **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *10/25/00*

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Bruce Van Nelson **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

Daytime Phone #

904 273 0017

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BUTTERFLY HILL NURSERY AND TREE FARM

LAKE CITY, FLORIDA

October 25, 2000

BRUCE VAN NELSON
904-273-0077 Office
904-349-6270 Cell

Division of Corporations
Annual Report/Reinstatement Section
P.O.Box 6327
Tallahassee, Florida 32314-6327

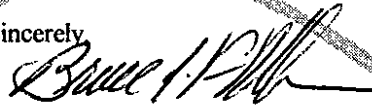
Re: P99000038045
BUTTERFLY HILL NURSERY & TREE FARM, INC.

Dear Sirs:

I have been instructed by your office to prepare this letter of explanation as to why my annual report was not filed in a timely manner. Firstly, my corporation never got any notice of such annual report being due. We are a newly formed corporation and should have received proper notice of this important annual report before any cancellation dissolved our corporation.

I am enclosing the paperwork requested and a corporation check for \$150 which is the fee quoted by your office. I hope this will expedite reinstating my corporation. Thank you for your attention to these matters.

Sincerely,



Bruce Van Nelson

Send all replies to:

BUTTERFLY HILL NURSERY & TREE FARM, INC.
187 Royal Palm Drive
Ponte Vedra Beach, Florida 32082-3833