PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 27 PM 12:17

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000059651

UBR
01-03

1. Corporation Name

BUTLER DISTRIBUTING INC.

2. Principal Office Address	**3.** Mailing Office Address
1236 S. McDUFF AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL.	City & State
Zip: 32205 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7-1-99

5. FEI Number: 59 — 3585916 ☐ 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: MELVIN EUGENE BUTLER

Street Address (P.O. Box Number is Not Acceptable): 1236 S. McDUFF AVE

Suite, Apt. #, Etc.:

City: JACKSONVILLE | State: FL | Zip Code: 32205

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: Melvin Eugene Butler Date: 1/27/03
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
CEO	MELVIN BUTLER	1236 S. McDUFF AVE	JACKSONVILLE, FL 32205
V.P	MICHAEL MIDDLETON	2625 N. HILTON ST	BALTIMORE, MD 21216
SEC	MONICA MITCHELL	4503 PENHURST AVE	BALTIMORE, MD 21216
TRES	MICHAEL SKINNER	1236 S. McDUFF AVE	JACKSONVILLE, FL 21216

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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: Melvin Butler MELVIN BUTLER 1/27/03 443-326-6657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Melvin E Butler
1236 S. McDuff Ave
Jacksonville, FL 32205

Jan, 27, 2003

To whom it may concern,

This is To request The reinstatement of Butler Distributing Inc. Please accept my apology as I never recieved notices For renewal For The years 2001, 2002 or 2003. The reason I was unable To recieve any notices is That I was out of The country at The Time. Such notices were sent. I Further did not recieve your Letter advising of The resignation of The registered Agent. Therefore I ~~I~~ ask For consideration of waiving ~~The~~ Any penalties That may be involved in The reinstatement of Butler Distributing Inc.

Thank you

Melvin Butler 1/27/03