

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000000041

1. Entity Name
BETTER DAYS, INC.



Principal Place of Business
3426 PIPES O THE GLENWAY
ORLANDO, FL 32808

Mailing Address
P.O. BOX 580340
ORLANDO, FL 32858-0340

2. Principal Place of Business - No P.O. Box #
400 N Pine Hills Rd

3. Mailing Address
400 N Pine Hills Rd

Suite, Apt. #, etc.
Suite E

Suite, Apt. #, etc.
Suite E

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32811

Country
USA

Zip
32811

Country
USA

REINSTATEMENT 0999 (1/07)

4. FEI Number
04-3599991

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORSEY, LARRY
3426 PIPES O THE GLENWAY
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

LARRY DORSEY (ED)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12/30/08

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ED
NAME DORSEY, LARRY
STREET ADDRESS 3420 PIPES O THE GLENWAY
CITY-ST-ZIP ORLANDO, FL 32808 ☐ Delete

TITLE PD
NAME BRADLEY, ERNEST
STREET ADDRESS 2127 MONTE CARLOS TR
CITY-ST-ZIP ORLANDO, FL 32805 ☒ Delete

TITLE VPD
NAME JACKSON, PRENTISS
STREET ADDRESS 10148 CULPEPPER CT
CITY-ST-ZIP ORLANDO, FL 32826 ☒ Delete

TITLE TD
NAME CALLOWAY, IRA
STREET ADDRESS 1306 WESTON WOODS BLVD
CITY-ST-ZIP ORLANDO, FL 32818 ☒ Delete

TITLE SD
NAME BRADLEY, SHIRLEY
STREET ADDRESS 2127 MONTE CARLO TR
CITY-ST-ZIP ORLANDO, FL 32805 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Stacey Whittington
STREET ADDRESS 6512 Kristin Ct
CITY-ST-ZIP Orlando, FL 32818 ☐ Change ☒ Addition

TITLE VPD
NAME Dwayne Hall
STREET ADDRESS 4561 Settlement Cr
CITY-ST-ZIP Orlando, FL 32818 ☐ Change ☒ Addition

TITLE TD
NAME Starletha Foster
STREET ADDRESS 5301 Coventry Dr
CITY-ST-ZIP Orlando, FL 32808 ☐ Change ☒ Addition

TITLE SD
NAME Loudie Sylvain
STREET ADDRESS 4805 Beacon Street
CITY-ST-ZIP Orlando, FL 32808 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LARRY DORSEY (ED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/08

Date

Daytime Phone #