

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000151024

**FILED**  
**Nov 16, 2005**  
**Secretary of State**

**Entity Name:** BETTER BUDGET SOLUTIONS, INC.

**Current Principal Place of Business:**

1800 PEMBROOK DRIVE  
SUITE 265  
ORLANDO, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 PEMBROOK DRIVE  
SUITE 265  
ORLANDO, FL 32751 US

**New Mailing Address:**

**FEI Number:** 20-3793689      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANATATION, FL 33324 US

**Name and Address of New Registered Agent:**

THOMAS, ROLAND PRES  
1800 PEMBROOK DRIVE  
SUITE 265  
ORLANDO, FL, FL 32751 US

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.

SIGNATURE: THOMAS ROLAND      11/16/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SAPIENZA, JOSEPH  
Address: 1800 PEMBROOK DRIVE, SUITE 265  
City-St-Zip: ORLANDO, FL 32751 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: ROLAND, THOMAS PRES  
Address: 1800 PEMBROOK DRIVE, SUITE 265  
City-St-Zip: ORLANDO, FL 32751 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ROLAND      P      11/16/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date