

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUL 13 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000052902

1. Limited Liability Company's Name

Better World, LLC

300106267959  
07/17/07--01030--002 \*\*100.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

4709 MAID MARIAN LN / 4709 MAID

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

MARIAN LN

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

5/25/2005

6. FEI Number

20-2989244

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CARYL T. LENAHAN

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

4709 MAID MARIAN LN

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34232

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Caryl T. Lenahan

REGISTERED AGENT MUST SIGN

Date

6/27/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	<u>CARYL T. LENAHAN</u>	<u>4709 MAID MARIAN LANE</u>	<u>SARASOTA, FL 34232</u>

REINSTATEMENT

06, 07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Caryl T. Lenahan

Date

6/27/07

Daytime Phone #

941-377-6565

Typed or printed name of signing Managing Member/Manager

CARYL T. LENAHAN