PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 JUL -9 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L17000069184

1. Limited Liability Company's Name
BETTER MANAGEMENT SERVICES LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10899 SW 72ND ST	10899 SW 72ND ST
Suite Apt. # etc. STE 203	Suite Apt. # etc. STE 203
City & State MIAMI FLORIDA	City & State MIAMI, FLORIDA
Zip 33173 Country USA	Zip 33173 Country USA

4. State/Country of Formation FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida 03-28-2017

6. FEI Number 611843643 ☐ 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: JORGE LUIS VEGA MORALES

Street Address (P.O. Box Number is Not Acceptable) Suite: 10899 SW 72ND ST

Apt. #, Etc: STE 203

City: MIAMI State: FL Zip Code: 33173

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 06-29-2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JORGE LUIS VEGA MORALES	10899 SW 72ND ST, STE 208	MIAMI FL 33173
MGR	HUGO MARTINEZ	10899 SW 72ND ST, STE 208	MIAMI FL 33173

REINSTATEMENT

JUN 29 2021

FL. HUNT

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 06-29-21 Daytime Phone # 305-2745319

Typed or printed name of signing authorized representative/member _____