

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG -5 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 00006000592

1. Corporation Name

Better Tomorrows, Inc.

2. Principal Office Address

502 N. MacArthur Ave

Suite, Apt. #, etc.

Ste. A

City & State

Panama City FL

Zip

32401

Country

USA

3. Mailing Office Address

502 N. MacArthur Ave

Suite, Apt. #, etc.

Ste A

City & State

Panama City FL

Zip

Country

USA

**REINSTATEMENT**

03-04

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

31-1747610

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

Patricia McIntyre

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

502 N. MacArthur Ave

Suite, Apt. #, Etc.

Suite A

City

Panama City

State

FL

Zip Code

32401

100039303901

08/05/04--01056--004 \*\*297.50

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

Date

REGISTERED AGENT MUST SIGN

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
PO	Jerilane McIntyre	502 N. MacArthur Ave Ste A	Panama City FL 32401
VPD	Patricia McIntyre	502 N. MacArthur Ave Ste A	Panama City FL 32401
D	Gerry McKigney	29674 Elmore McKigney Ln	Springfield LA 70462
D	Marsha Sherburne	25564 McCarroll Rd	Springfield LA 70462
D	James Valentine	P.O. Box 6009	Houma LA 706713

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:

*Patricia McIntyre*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/04

Date

8507699008

Daytime Phone #

CR25081 (01/04)