

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUN 20 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Better Jamaica Corp.  
N13236

**2. Principal Office Address**

1446 N.E. 146 St

Suite, Apt. #, etc.

**City & State**

North Miami, FL

**Zip**

33161 U.S.A.

**3. Mailing Office Address**

1446 N.E. 146 St

Suite, Apt. #, etc.

**City & State**

North Miami, FL

**Zip**

33161 USA

600056352006  
06/20/05--01061--006 \*\*918.75

**REINSTATEMENT**

94-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

January 30, 1986

**5. FEI Number**

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**

Dinkinish D'CO LLOYD O'CONNOR

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

1446 N.E. 146 Street

**Suite, Apt. #, Etc.**

**City**

North Miami

**State**  
FL

**Zip Code**

33161

**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**

Dinkinish D'CO LLOYD O'CONNOR

REGISTERED AGENT MUST SIGN

**Date**

6/16/05

**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
D	Dinkinish O'Connor	1446 N.E. 146 Street	North Miami, FL 33161
V	Zona O'Connor	1446 N.E. 146 Street	North Miami, FL 33161
C	Peith O'Connor	C/O MEDICAL UNIVERSITY OF the AMERICAS, P.O. BOX 701 CHARLESTON, NEVIS WEST INDIES	CHARLESTON, NEVIS WEST INDIES
S	Doren McTaggart	12235 NW 17 Place	Miami, FL 33167
T	Sandy Dorsanvit-Volmar	600 S.E. 3rd Avenue	Fort Lauderdale, FL 33301

**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:**

Dinkinish O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

6/16/05

**Daytime Phone #**

786-488-8502

CR2E081 (01/05)