

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 17 PM 1:08

DOCUMENT # N 29792

1. Corporation Name

BUILDING BETTER COMMUNITIES, INC.

2. Principal Office Address

11420 N. Kendall Drive

3. Mailing Office Address

11420 N. Kendall Drive

Suite, Apt. #, Etc.

111-A

Suite, Apt. #, Etc.

111-A

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33176

Country

Dade

Zip

33176

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/1988

5. FEI Number

650308878

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

FARREL OWENS

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

9107 sw 137 Terr

Suite, Apt. #, Etc.

#D

City

Miami,

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date 08/15/2001

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
P/ED	Farrel Owens	9107 sw 137 Terr # D	Miami, Fl 33176
D	Joe L. Sumpter	17901 sw 107 Ave.	Miami, Fl. 33157
T/D	Don Bickham	18935 sw 95 Ave.	Miami, Fl. 33157
S	Tracey Scott	7226 nw 22 Ave.	Miami, Fl. 33147

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

*Farrel Owens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Farrel Owens

08/15/2001 (305)256-0170

Date

Daytime Phone #