PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 10 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000006880

1. Corporation Name

A Betterway Community Development Corp.
3030 NW 191 ST.
MIAMI, Fl. 33056

Principal Place of Business: SAME AS ABOVE

Mailing Address: SAME AS ABOVE

400002778414- -5
-02/17/99- -01075- -001
****237.00 ****237.00

REINSTATEMENT 02-09

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable: SAME AS ABOVE
Suite, Apt #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable: SAME AS ABOVE
Suite, Apt #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

400002778414- -5
-02/17/99- -01075- -002
*****61.00 *****61.00

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
P/D	Robert T Demmings	3030 NW 191 ST.	MIAMI, FL. 33056
S/D	TINA DuPree	15750 NW 27 Pl.	OPA-LOCKA, Fl 33054
T/D	Felix Demmings	1320 NW 174th ST.	MIAMI, FL. 33169
VP/D	PATRICIA WILLIAMS	19265 NW 18 AVE	MIAMI, Fl. 33055
D	Sue Demmings	3030 NW 191 ST	MIAMI, Fl. 33056

8. Name and Address of Current Registered Agent

Lloyd Cheever
1330 NW 174 Street
MIAMI, FL. 33169

9. Name and Address of New Registered Agent

Name: Robert T. Demmings
Street Address (P.O. Box Number is Not Acceptable): 3030 NW 191 ST.
Suite, Apt #, Etc
City: MIAMI
State: FL
Zip Code: 33056

2-11-99

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Robert Demmings
REGISTERED AGENT MUST SIGN
Date: JAN 26, 1999

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X] NO ACTIVITY (See other side for information on intangible tax.)

ertify 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 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 ed 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 this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert Demmings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: JAN 26, 1999
Daytime Phone #: 305-772-5578

CR2E040 (1/98)